



**Montessori**  
SCHOOL OF CAYMAN

# HEALTH POLICY

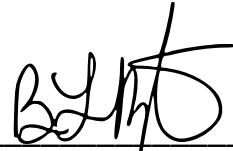
**Updated: January 2021**

**Montessori School of Cayman – Health Policy**

Approved and adopted - January 11<sup>th</sup>, 2021.

**SIGNATURES**

**Principal/Director/Owner of Centre**

A handwritten signature in black ink, appearing to read 'B. Bergstrom', written over a horizontal line.

Ms. Briana Bergstrom

***This policy has been approved by the Cayman Islands Ministry of Education and  
Early Childhood Care & Education Unit***

## HEALTH POLICY

Our health policy has been developed with the primary concern for the wellbeing of our students and school community. In order to maintain a healthy school environment, please do not send your child to school if any of the following symptoms are present. In addition, we ask that you please follow the advice below.

### **Appearance/Behaviour**

Children should remain at home if they appear to be under the weather. If your child is not themselves, unusually tired, pale, or lacking appetite they should not come to school.

### **Fever (Temperature over 99.0° F)**

If your child has a fever above 99.0 °F, they will need to remain off school until the fever is completely gone ***without*** the use of a fever reducing medicine for 24 hours. Children who are found to have a fever at school will be sent home immediately and should remain at home for 24 hours without fever.

### **Skin Problems**

If your child appears to have developed a contagious skin related issue, a doctor's note stating that they can return to school must be provided before they return.

### **Cold/Cough**

A child may return to school once their cold or cough has subsided and they are no longer showing signs of having mucous. We ask that children who return to school are healthy enough to participate in the daily school schedule.

### **Vomiting and Diarrhoea**

A child must be symptom free for ***at least 24 hours before returning to school***. If a child vomits or has diarrhoea while at school, they will be sent home immediately and asked to remain at home until they are symptom free for 24 hours.

### **Eye/Nose Discharge**

A child must remain out of school if they have excessive amounts of nasal discharge and/or discoloured nasal discharge that is green/yellow

### **Streptococcal Sore Throat/Scarlet Fever (with Rash)**

A child who has been diagnosed with strep throat, must remain away from school until at least 48 hours after treatment begins. The child will also need to be fever free for 24 hours without medicine before returning to school.

### **Head Lice**

If we have a student/students at MSC who has/have lice, we will notify the other families at MSC via email. Children must remain at home until first treatment is completed. Head lice can spread rapidly and needs quick treatment.

### **Chicken Pox**

Child needs to remain at home until all blisters have dried into scabs, about six days after the onset of the rash. Please provide a doctor's note evidencing the illness and the all clear to return to school.

### **Conjunctivitis (Pink Eye)**

**Bacterial** - A child should remain at home for 48 hours after treatment begins.

**Viral** - The child will remain out of school until a doctor's note is provided assuring the school that the child is no longer contagious and able to return to school.

### **Accident & Incidents**

Occasionally, accidents and incidents take place at school during the school day. If a student/students is involved in an accident or incident during the day we will notify the parent or guardian and complete an Accident and Incident Report to be signed at the end of the day for the student's file.

### **Medication Form**

If your child requires medicine for any reason during the school day, we will require the parent to guardian to complete a Medication Form to give written consent to administer the medication. This form must be completed and signed before any medication is given by any member of staff at Montessori School of Cayman.

***Our Health Policy is strictly enforced. If any of these symptoms develop during school hours, parents will be called to come and pick up their child immediately. Children who are ill at school will be isolated in our front right Toddler room, with a member of staff until they can be collected. This isolation area will be thoroughly sanitised before being accessed again to other students. Please note the school reserves the right to make the decision to send a child home due to any illness or injury. A child who comes to school should be well enough to participate in ALL day to day activities.***

## **Appendix**

- Accident & Illness Report
- Medication Form



## Accident, Incident and Illness Report

***Please note that our Accident, Incident and Illness Reports are filled out electronically via Transparent Classroom and emailed to parents.***

Child's Name: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Time of accident/incident/illness: \_\_\_\_\_

Description of accident, incident or illness:

Parts of the body involved:

Symptoms:

Treatment given and by whom:

Name of Parent Notified & How: \_\_\_\_\_ Time: \_\_\_\_\_

Staff/Admin Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Medication Form

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Medication given & dosage: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Staff/Admin Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Acknowledgement of Health Policy**

Name: .....

Role: .....

Date: .....

**I declare that**

1. I have read and understood Montessori School of Cayman’s Health Policy.
2. I understand that I have a duty of care to keep all children healthy and safe while in my care.
3. I understand that I must complete an “Accident and Illness Report” when necessary, as soon as possible after the incident and file one copy in the incident file, which is held in the main office and make sure that the Principal receives a copy before the end of the school day.
4. I understand that I must complete a “Medication Form” if we are asked to administer medication to a student during the school day. I understand that this form must be signed (by both staff and parent/guardian) and completed before giving any student a dose of medicine.

Signed .....

Date.....