

	<ul style="list-style-type: none">b. Food or other allergies.c. Special medical conditions or concerns.d. Daily medications taken. <p>2. Physician's report of child's physical examination within twelve (12) months of attending the lab school.</p> <p>3. Emergency Contact Card – This card must be on file with the FCS teacher and school nurse:</p> <ul style="list-style-type: none">a. Parent/Guardian Name.b. Address.c. Phone Number.d. Work Hours.e. Work Phone Number.f. Child's Physician.g. Physician Phone Number.h. Health Insurance Carrier and Policy Number.i. Emergency Contact if Parent/Guardian Unavailable.j. Relationship to Parent/Guardian.k. Phone Number of Emergency Contact. <p>It is a parent's/guardian's responsibility to update the family's emergency contact number as needed.</p> <p>4. Custody – Any document issued by the court, such as a “no contact order” or “joint custody order,” should be on file with the FCS teacher.</p>
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5. Parental consent is given through a signed statement accepting philosophy and procedures of the child development laboratory. This consent also applies to photographing, videotaping, and assessment of children for educational and program planning purposes.

Laboratory Fees and Tax Information

A laboratory fee may be charged to defray costs of materials, supplies, and equipment. This fee qualifies as a childcare tax credit. FCS teachers will provide parents/guardians with a receipt for payments made and the local school district's tax identification number.

Field Trips

Field trips are arranged with parental involvement.

Field trip participants must be transported according to Department of Transportation requirements, including necessary safety seats or seat belt restraints.

Field trips should only be taken to locations where adequate supervision can be provided and preschool safety has been taken into consideration.

Each child must have a signed parental permission form. These forms, along with emergency cards and a first-aid kit, must be available at all times during the field trip.

High School Student Supervision

Only students enrolled in the child development courses will be permitted to interact with the children in the child development laboratory.

These enrolled students will receive training and relevant information before being permitted to interact with preschool children.

High school students will be carefully supervised by FCS staff during all interactions with preschool children.

High school students shall be trained in specific guidance techniques including:

1. Providing clear and simple limits.
2. Maintaining age-appropriate expectations for young children.

3. Creating a caring atmosphere.
4. Keeping children productively involved.
5. Modeling appropriate behaviors.
6. Positively redirecting inappropriate behaviors toward desired outcomes.
7. Giving children choices between two (2) acceptable alternatives.
8. Encouraging children to work together to solve problems and make cooperative decisions.
9. Encouraging children to use their words to solve problems.
10. Providing logical and appropriate consequences for children's actions.
11. Removing children from a situation until they are calm and able to discuss the problem.

FCS teachers will monitor interactions between high school students and preschool children to reinforce appropriate guidance techniques. Corrective intervention should be employed as needed. A FCS staff person will intervene in any unusual circumstance.

Illness

A child should not attend school if the following symptoms have occurred within the last twenty-four (24) hours:

1. Temperature over 100 degrees.
2. Vomiting or diarrhea.
3. Severe coughing.
4. Yellowish skin or eyes.
5. Pink eye.
6. Chicken pox that are not scabbed.
7. Head lice, including visible nits.

<p>Pol. 806</p>	<p>8. Visible impetigo.</p> <p>9. Open and/or weeping sores.</p> <p>10. Any other communicable disease.</p> <p>If a child becomes ill after arriving at school, a parent/guardian or emergency contact person will be called to pick up the child immediately. The child should be isolated from other children until picked up.</p> <p>Families must be notified in writing or by telephone when children have been exposed to a communicable disease. Families should immediately notify the FCS teacher if the child becomes ill with a communicable disease.</p> <p><u>Accidental Injury</u></p> <p>If a child is injured at school, a parent/guardian will be called, and first aid will be administered either by the FCS teacher or, when available, the school nurse.</p> <p><u>Child Abuse</u></p> <p>Lab school staff members are mandatory reporters of child abuse to the Pennsylvania Department of Public Welfare. Public school reporting procedures must be followed, and strict confidentiality will be maintained.</p> <p>The safety of preschool children is ensured through supervision of enrolled high school students by FCS teachers or adult teacher's assistants/aides.</p> <p><u>Indoor Safety</u></p> <p>Play equipment used by children shall be clean, in good repair, and free from rough edges, sharp corners, pinch and crush points, splinters and exposed bolts.</p> <p><u>Outdoor Safety</u></p> <p>Outdoor play space shall be protected from unsafe areas or conditions. If unsafe areas or conditions exist, a physical barrier must be employed. Barriers may be permanent or portable, but must be in use when children are present.</p> <p><u>Fire, Bomb Threat or Other Emergency Procedures</u></p> <p>Evacuation procedures are posted in each classroom. In the event of real emergency or drill, these procedures are to be followed, in accordance with local district policy.</p>
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<p>3. Delegation of Responsibility</p>	<p>The Superintendent or his/her designee shall adapt rules and regulations for the operation of the Child Development Laboratory.</p>
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CHILD DISEASES (GIVE DATES IF POSSIBLE)

Allergy (Specify) _____ German Measles (3 day) _____ Recurring Illness _____

Asthma _____ Hernia (Rupture) _____ Rheumatic Fever _____

Chicken Pox _____ Heart Disease _____ Scarlet Fever _____

Diabetes _____ Measles _____ T.B. Self _____

Emotional Problem _____ Mumps _____ T.B. Family _____

Epilepsy _____ Pneumonia _____ Other _____

Serious Accidents _____

Other illness or health problems _____

Operations (Type and Date): _____

IMMUNIZATIONS - (PLEASE ATTACH AN UP-TO-DATE COPY)

1st Date 2nd Date 3rd Date Booster Booster

DIPHTHERIA _____

TETANUS _____

POLIO _____

MUMPS _____

MEASLES _____ T.B. Test _____ Date _____ RUBELLA _____ Date _____

Does your child have frequent colds? _____ Sore Throat? _____

Is your child under medical treatment at present? _____

If so, give name of Physician _____

EARLY DEVELOPMENT

Normal Term _____ Premature _____ Birth Weight _____

Did child have any illness during first year? _____

Approximate age at time of walking alone: _____

When did child begin to talk? _____

Any defect in speech? _____ Hearing? _____ Vision? _____

Does child cry easily? _____ Does child make frequent trips to bathroom? _____

Is child potty trained? _____

Which hand does child prefer to use? Right _____ Left _____

Any physical and/or crippling handicap that the teachers should know about?

