

## **Little Ferry Nursery School Television Viewing Policy (11/2017)**

Little Ferry Nursery School provides an activity-focused early learning environment. We believe children learn best through active participation, hands-on experiences, interactive conversation, and exploration. Little Ferry Nursery School follows the recommendations established by the American Academy of Pediatrics, which has found that too much television viewing has been linked to poor performance in school, overweight children, and the establishment of poor dietary habits.

For children age two and older who are in care four or more hours each day, television screen time is limited to 60 minutes per week and no more than 30 minutes at a time.

For children age two and older who are in care less than four hours per day, television screen time is limited to 30 minutes per week

### **Policy on the Use of Technology and Social Media**

Little Ferry Nursery School does not post students or family pictures on social media without written consent from the parent. The current school policy is, if a parent asks for pictures to be taken of their child at a certain event, they will be taken and sent via email through the school to the parent.

### **Policy on Methods of Parental Notification**

If your child is injured at school, there will be an accident report written describing what occurred. If the injury requires immediate notification, you will be called. If the injury is minor and to the neck, face or head an email will be sent. If the injury is minor to any other area of the body, you will be notified upon pick up.

**The following is to be completed by the parent or guardian:**

I hereby give permission for my child, \_\_\_\_\_, to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the Child Care Director designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give the accurate dose of the medicine.

**I authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize the Director or the Director's Designee to contact the health care provider regarding my child's health, if necessary.**

I usually do the following to make giving medication to my child easier: \_\_\_\_\_

\_\_\_\_\_

Amount of medication brought to Child Care: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*

Date & amount of medication returned to Parent: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Director/Director Designee*

\_\_\_\_\_  
*Signature of Parent/Guardian*

6/6/2007

### Permission to Give Medication in Child Care

*(Please use one form per medication.)*

**The following information is to be completed by the child's health care provider:**

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Wt: \_\_\_\_\_

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

*Include food and/or medication allergies*

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Health Care Provider*

\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Date*