



The Latchkey Alternative Center Incidental Medical Service (IMS) Form

The Latchkey Alternative Center is as inclusive as possible, including providing care for children with various ongoing medical conditions. The following plan outlines our procedures for the two conditions we currently accommodate:

1. We can accommodate children with anaphylaxis (severe, potentially life threatening allergies), and asthma (chronic lung disease that impairs breathing).
2. Personal plan of care procedures provided by a doctor or parent will be kept for each child with one of the above conditions.
3. EpiPens, inhalers, nebulizers and medication for schoolage students will be kept in the staffroom locked file cabinet with the first aide kit. Preschool student's medication/medical items will be kept in the kitchen medical cabinet. Required refrigeration medication will be all kept in Preschool kitchen refrigerator.
4. All of the Site Directors, Lead and most associate teaching staff are certified in pediatric first aid and CPR. This training includes use of the EpiPen. Inhaler/nebulizer use is specific to the class and training for lead teacher will include parent lead instruction and medical instruction if needed.
5. Parents/authorized guardians are required to sign a written consent form (LIC 9166) to administer inhaler/nebulizer and consent form (LIC 9221) for all other medications.
6. We ensure that proper safety precautions are met, including the wearing of gloves to reduce exposure to bodily fluids, proper hand cleaning following glove removal, and safe disposal of all contaminated materials.
7. Medication/ equipment will be taken on drills or in case of real emergency/disaster.
8. Medication/equipment will be taken on field trips or other off site activities and remain in the first aide kits and in the possession of staff at all times.
9. Routine and predicted treatment will be logged on the parent consent form (LIC 9221).
10. Medical incidents outside of routine and predicted treatment will also be recorded in the Latchkey's illness and accident log. Parents will also be notified by phone.
11. 911 will be called for emergency medical incidents and/or symptoms or reactions outside those addressed in the scope of the parent/written documentation. Emergency services may also be contacted for any medical situation which is outside the comfort or knowledge of the staff present on any given day.
12. Serious incidents and any change in this plan will be reported to the Department of Social Services licensing office and an Unusual Incident Report (LIC624) will be filed.
13. The Center reserves the right to decline or terminate enrollment of a child with any of the above conditions if we believe the condition/treatment needs are beyond the scope of our staff's training or ability to perform in the context of a group setting. In addition, enrollment may be suspended or terminated if communication with the parent does not support full understanding of treatment needs, or if parents fail to provide medication, supplies, instructions and any required documentation.



Child's Name: _____ DOB: ____ / ____ / ____

Classroom: _____ Teachers: _____

Type of Incidental Medical Service (IMS) Plan:

- Anaphylaxis _____
- Asthma _____
- Other _____

Type of Medication:

- EpiPen Expiration date: ____ / ____ / ____
- Inhaler Expiration date: ____ / ____ / ____
- Nebulizer Expiration date: ____ / ____ / ____
- Other Expiration date: ____ / ____ / ____

Location of Medication: _____

Person(s) authorized and trained to administer medication:

- 1.) _____ 2.) _____
- 3.) _____ 4.) _____

Checklist:

- IMS Plan form signed
- Parent Consent for Administration of Medication (LIC 9221) signed
- Medication

Form completed by (staff member's printed name): _____

Staff member signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Date form was completed ____ / ____ / ____