

CHRIST *the* KING

EARLY CHILDHOOD CENTER

20 SUMTER AVENUE, ALBANY, NY 12203

518-456-5400 (PHONE & FAX) + ECC@CTKPARISHNY.ORG + WWW.CTKPARISHNY.ORG

Procedure for Children with Special Health Concerns

(Examples: Asthma, Food Allergies, Environmental Allergies, and Other Health Issues)

1. Parents & Guardians must notify the center so that we are aware of any health concerns that may affect your child.
2. Prior to admittance to the center, the following NYS OCFS forms must be completed by your child's physician:
 - Medical Statement of Child in Childcare (OCFS-LDSS-4433)
 - Written Medication Consent Form (OCFS-LDSS- 7002) ***for each emergency medication that is prescribed.***
3. Parents must complete section 19-23 of the Written Medication Consent Form. (Please note that NYS requires that this form be updated every six months).
4. Any prescribed medications must be brought in their original packages with the pharmacy print out attached to the medication or original package. Please note that if the physician prescribes a name brand medication (such as "Benadryl"), we may only accept that specific name brand. If you wish to use a generic medication, you must ask your child's physician to use that terminology on the Written Medication Consent Form.
5. Unused medications will be returned to the family on their last day of program attendance. If parents do not pick up the medications, we will dispose of them after 7 days.
6. Parents must complete the "Individual Health Care Plan for a Child with Special Health Care Needs" form (OCFS-LDSS-7006). They may obtain assistance from their child's health care provider or the Director of the center.

Please contact Karen Hanley, Health & Safety Coordinator or Stacie Boelkins, Director of Early Childhood & School Age Programs with any questions or concerns at 456-5400 or ctkecec@gmail.com

We appreciate your anticipated cooperation!