

PARENTAL CONSENT FORM REGARDING ACCIDENTAL INGESTION AND THE USE OF SYRUP OF IPECAC.

FIRST AID FOR POSSIBLE POISONING:

Poisons can be defined as any agent that kills, injures, or impairs a living organism. Each year approximately 3,000,000 poisonings occur throughout the nation. Eight percent of these involve children under the age of five. The statistic is not surprising if one considers that young children have curious, exploring personalities and little knowledge of toxic substances.

MacDonald Montessori School has taken every precaution to ensure that potential poisons are out of reach of the children that we care for. In the event that an accidental ingestion should occur, however, our staff will consult with the Poison Control Center. If vomiting is the recommended course of treatment, our school will administer Syrup of Ipecac as instructed by Poison Control. Syrup of Ipecac could save your child's life in an accidental ingestion. This medication can be bought in any pharmacy without prescription. It is used to induce vomiting when it is desirable to empty the stomach quickly to prevent further absorption of the poison. Ipecac would never be used without the recommendation from Poison Control. This medicine comes in liquid form and is given with water, juice or pop. One staff person would stay with your child to observe his/her condition and help him/her through this process. As a parent/guardian you would be notified immediately of the poisoning, information provided by Poison Control as well as their recommendation for treatment and the condition of your child.

In the event of an accidental ingestion, I understand that MacDonald Montessori School will contact the Poison Control Center.

I give my permission for the staff of MacDonald Montessori School to administer Syrup of Ipecac to my child _____ if directed to do so by the authorities at Poison Control.

Parent/Signature _____ Date _____

I give my permission to MacDonald Montessori School to have my child _____ participate in activities at the School. I understand I will be notified of the date and time of such activities.

I give my permission to MacDonald Montessori School to take my child _____ on supervised neighborhood walking trips.

I give my permission to MacDonald Montessori School to take my child _____ to one of the following parks: Jefferson or West 7th Community Center. The children will use these parks, within walking distance, for outdoor play.

I give my permission to MacDonald Montessori School to take my child _____ on supervised field trips that require public or private transportation. I understand that I will be notified of the date and time of such trips, and that I will be required to return a signed permission slip in order for my child to attend.

I have received a copy of the School's policies and understand them.

Date _____ Parent Signature _____