



**Montessori**  
SCHOOL OF CAYMAN

# HEALTH POLICY

**Updated: September 2024**

**Montessori School of Cayman – Health Policy**

Approved and adopted - January 11<sup>th</sup>, 2021.

Reviewed – September 2024

**SIGNATURES**

**Head of School/Director/Owner of Centre**

\_\_\_\_\_  
Mrs. Briana Bergstrom Currie

**Deputy Head of School**

\_\_\_\_\_  
Ms. Lunette van der Merwe

***This policy has been approved by the Cayman Islands Ministry of Education and  
Early Childhood Care & Education Unit***

## HEALTH POLICY

*For the purposes of the Policy, the term “school” includes both early childhood and primary education and the term “student” refers to all children enrolled at Montessori School of Cayman, including those in early childhood.*

Our health policy has been developed with the primary concern for the wellbeing of our students and school community. In order to maintain a healthy school environment, please do not send your child to school if any of the following symptoms are present. In addition, we ask that you please follow the advice below.

### **Appearance/Behaviour**

Children should remain at home if they appear to be under the weather. If your child is not themselves, unusually tired, pale, or lacking appetite they should not come to school.

### **Fever (Temperature over 99.0° F)**

If your child has a fever above 99.0 °F, they will need to remain off school until the fever is completely gone without the use of a fever reducing medicine for 24 hours. Children who are found to have a fever at school will be sent home immediately and should remain at home for 24 hours without fever.

### **Skin Problems**

If your child appears to have developed a contagious skin related issue, a doctor’s note stating that they can return to school must be provided before they return.

### **Cold/Cough**

A child may return to school once their cold or cough has subsided and they are no longer showing signs of having mucous. We ask that children who return to school are healthy enough to participate in the daily school schedule.

### **Vomiting and Diarrhoea**

A child must be symptom free for **at least 48 hours before returning to school**. If a child vomits or has diarrhoea while at school, they will be sent home immediately and asked to remain at home until they are symptom free for 48 hours.

### **Eye/Nose Discharge**

A child must remain out of school if they have excessive amounts of nasal discharge and/or discoloured nasal discharge that is green/yellow

### **Streptococcal Sore Throat/Scarlet Fever (with Rash)**

A child who has been diagnosed with strep throat, must remain away from school until at least 48 hours after treatment begins. The child will also need to be fever free for 24 hours without medicine before returning to school.

**Head Lice**

If we have a student/students at MSC who has/have lice, we will notify the other families at MSC via email. Children must remain at home until first treatment is completed. Head lice can spread rapidly and needs quick treatment.

**Chicken Pox**

Child needs to remain at home until all blisters have dried into scabs, about six days after the onset of the rash. Please provide a doctor's note evidencing the illness and the all clear to return to school.

**Conjunctivitis (Pink Eye)**

**Bacterial** - A child should remain at home for 48 hours after treatment begins.

**Viral** - The child will remain out of school until a doctor's note is provided assuring the school that the child is no longer contagious and able to return to school.

**Accident & Incidents**

Occasionally, accidents and incidents take place at school during the school day. If a student/students is involved in an accident or incident during the day we will notify the parent or guardian and complete an Accident and Incident Report to be signed at the end of the day for the student's file.

**Medication Form & Storage**

When children require medication during the day, Montessori School of Cayman will accommodate this need for both prescription and non-prescription medication. These guidelines must be followed:

- Parent/guardian completes a permission to administer medication form prior to medication being kept at our centre and being given to the child. This form will be kept on the child's record. An electronic Permission to Administer Form is shared with parents via email to complete. Montessori School Cayman's Permission to Administer Medication Form is found in Appendix 2.
- When the prescribed dosage is three times per day, the first and last dosages will be administered at home, Montessori School of Cayman will only administer the midday dosage.
- Prescription medication is properly labelled by a pharmacy marked with the child's name.
- Non-prescription medication provided by the family is given following directions by the manufacture.

- All medications will be administered to the child by the assigned staff member. A record of all medicine (prescription and non-prescription) given to the child will be recorded on Montessori School of Cayman's Medication Record Form found in Appendix 3.
- Medication will be stored out of reach of all children and refrigerated if required. If stored in the refrigerator, the medication will be placed on the highest shelf, out of children's reach. If stored outside of refrigerator, the medication will be placed in the kitchen in top middle cabinet.

#### **Provisions and Procedures for First Aid Kit**

Montessori School of Cayman has a large first aid kit, stocked and stored in the top hallway cupboard. Items in the first aid kit are kept fully stocked and replenished if necessary on a termly basis.

An AED machine is located on the wall of the main school hallway and available to use in case of emergency.

***Our Health Policy is strictly enforced. If any of these symptoms develop during school hours, parents will be called to come and pick up their child immediately. Children who are ill at school will be isolated in our school office, with a member of staff until they can be collected. This isolation area will be thoroughly sanitised before being accessed again to other students. Please note the school reserves the right to make the decision to send a child home due to any illness or injury. A child who comes to school should be well enough to participate in ALL day to day activities.***

## Appendix - Cayman Islands Public Health Guidelines



### **GUIDELINES ON ILLNESS AND SCHOOL ATTENDANCE**

1. A child with **chicken pox** should remain home until all lesions are crusted over, about 5-7 days
2. **Conjunctivitis (pink eye)** – a) **Bacterial** – child should remain home from the time his/her eyes become red and draining until 24 hours after commencing antibiotics.  
b) **Viral**- contagious for 5-7 days.
3. **Diarrhea and/or vomiting**- child should be kept at home until he/she is symptom free for 24 hours.
4. **Temperature** of 100 degree Fahrenheit or above- child should be kept home until he/she is symptom free for 24 hours.
5. **Throat infection**- child should be kept home until 24 hours after commencing antibiotics
6. **Ear infection**- child can be in school 24 hours after commencing antibiotics; and pain is not severe to prevent child from participating in activities.
7. **Pediculus (Head lice)** - child can be in school once treatment has started, however he/she should be excluded from activities likely to cause exposure to other children
8. **Ringworm**- child can return to school once treatment has started, however should be excluded from activities likely to cause exposure to other children
9. **Impetigo**- Child should be kept home until treatment has started and all the lesions are crusted over.
10. **Cold & Flu**- if symptoms are mild, child can be in school. The child should be kept home if he/she generally does not feel well, has a persistent cough or is congested. Child should be kept home until fever has subsided for 24 hours.

Public Health Department, School Health Services, C.I. Health Services Authority Revised  
September 2014



**Please note that our Accident, Incident and Illness Reports are filled out electronically via Transparent Classroom and emailed to parents.**

### Montessori School of Cayman Accident, Incident, Illness Report

**Name \***

First  Last

**Birthdate**

1/20/2012

**Date of Injury/Incident**

1/20/2012

**Type of Injury/Incident**

- Open Wound/Cut
- Sprain/Strain/Twist
- Bruise
- Pain/Inflammation/Bump
- Allergy/Sensitivity Reaction
- Other:

Text

**Side of Body Affected**

- Left
- Right
- Middle

**Body Parts Affected**

- Head/Face
- Ears
- Eyes
- Nose
- Mouth/Teeth
- Neck
- Chest/Shoulders
- Arms/Elbows
- Hands/Wrists

- Fingers
- Torso/Side
- Back
- Abdomen
- Hip/Pelvis
- Groin
- Buttocks
- Legs/Knees
- Feet/Ankles
- Toes

**What Happened \***

Provide a description of what occurred.

**Treatment Given \***

Provide a description of the treatment given.

**Staff Signature \***

Click to sign

**Parent Comments**

**Parent Guardian Signature \***

Click to sign



**Medication Forms** - *Please note that our Medication Forms are filled out electronically via Formstack and emailed to parents.*



# Montessori

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SCHOOL OF CAYMAN

## Montessori School of Cayman - Medication Form

Student's Name

<input type="text"/>	<input type="text"/>
First Name	Last Name

Date

Name of Programme

Medication Name and Strength:

Has your child ever had this medication before?

- Yes
- No

Medication Dose to be Administered:

Time for Medication to be Administered:

MMMM DD, YYYY 	hh:mm aa 
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Why is this medication needed?

Please list any additional notes regarding medication:

**NB: Medication MUST be in its original container, as dispensed by the pharmacy.**

Name of child's teacher/teachers authorised to administer medication:

Text

Please list your child's GP and their contact number:

Parent/Caregiver's Name

<input type="text"/>	<input type="text"/>
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First Name

Last Name

Parent/Caregiver Contact Number

*The information above is, to the best of my knowledge, accurate at the time of writing and I*

*give my consent to Montessori School of Cayman staff administering the medication in accordance with their*

*policy. I will inform Montessori School of Cayman immediately in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.*

*I understand it is my responsibility to notify staff of last dose given before arriving at school.*

Please list your child's GP and their contact number.

Parent/Caregiver's Name

First Name

Last Name

Parent/Caregiver Contact Number

*The information above is, to the best of my knowledge, accurate at the time of writing and I give my consent to Montessori School of Cayman staff administering the medication in accordance with their*

*policy. I will inform Montessori School of Cayman immediately in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.*

*I understand it is my responsibility to notify staff of last dose given before arriving at school.*

Parent/Caregiver's Signature

[clear]

Use your mouse or finger to draw your signature above

Submit Form



Name of child: \_\_\_\_\_

Date: \_\_\_\_\_

Programme: \_\_\_\_\_

Name and strength of Medication \_\_\_\_\_

Expiry Date \_\_\_\_\_

Dose and Frequency of Medication \_\_\_\_\_

Date returned: \_\_\_\_\_

<b>Date</b>												
<b>Last dose given by parent/carer</b>												
<b>Time Given</b>												
<b>Dose Given</b>												
<b>Staff members</b>												
<b>Comments</b>												
<b>Name of Parent/Carer</b>												
<b>Parent/Carer Signature</b>												



**Acknowledgement of Health Policy**

Name: .....

Role: .....

Date: .....

**I declare that**

1. I have read and understood Montessori School of Cayman’s Health Policy.
2. I understand that I have a duty of care to keep all children healthy and safe while in my care.
3. I understand that I must complete an ‘Accident and Illness Report’ via Transparent Classroom when necessary, as soon as possible after the incident. I understand that a copy of this form is shared with parents, requires their signature and is saved on the child’s profile.
4. I understand that must receive the ‘Medication Form’ via email and complete a ‘Medicine Record of Administration’ if we are asked to administer medication to a student during the school day. I understand that these forms must be completed and signed (by both staff and parent/guardian) before giving any student a dose of medicine.

Signed .....

Date.....