

Health Care Consultant Agreement

Name of consultant

I have agreed to be the health care consultant for (child care program name). I meet the qualifications for this role as I am a (check one) physician nurse practitioner physician's assistant nurse with pediatric or childcare experience, currently licensed and credentialed to provide care in the State of Maine.

I have reviewed the center's health care plan for (child care program name).

I find the plan to be comprehensive and in compliance with DHHS child care licensing rules, as it includes:

- Evidence of access to emergency medical services;
- Prevention and control of communicable diseases;
- Policy on administration of medication in compliance with rule, including:
 - identification of staff members permitted to dispense medication
 - procedures for documentation of the administration or dispensing of medication;
- Provision of training to all facility staff in the facility's health care plan.

Printed Name and Title

Signature

Date

Contact information:

Address: _____

Telephone Number: _____

Emergency Contact: _____