

WHEN TO KEEP YOUR CHILD AT HOME

1. Any COVID-19 symptoms such as, but not limited to: Temperature of 100.4 or higher, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea.
2. Any COVID-19 direct exposure or positive testing, as outlined in the Parent Handbooks Covid-19 Health and Safety Guidelines
3. Fever of 100 degrees or higher; children must be fever free for 72 hours before returning to school.
4. If starting antibiotics, must stay home for the first 24 hours of taking first dose.
5. Vomiting, diarrhea, or severe abdominal pain. Children must be vomit and diarrhea free for 24 hours before returning to school.
6. A cold, sore throat or persistent cough.
7. Nasal congestion or runny nose not associated with allergies – please remember green or yellow nasal discharge is not normal and usually indicates infection.
8. Any open sores or open wounds.
9. Any undiagnosed rash.
10. Red or swollen eyes.
11. Earache.
12. Swollen glands around the jaws, ears, or neck.
13. Any other symptoms suggestive of acute illness.
14. Any other infections or communicable disease without a doctor's release.
15. All children must be "nit" free from any lice infections. If a child has been infected with lice, they must be re-admitted by a school staff member. Treatment or a Doctor's note will not automatically guarantee readmission, only being nit free will guarantee readmission.

Keeping your child healthy is our objective. Please help us by following the guidelines above.

I have read and agree to abide by the school's wellness policy. I agree that I will only bring my child to school when he/she is in good health and free from fever or signs of anything infectious to the children. I understand that if it is determined that my child is ill and should not be at school, I will arrange for my child to be picked up within the hour.

The school reserves the right to request a Doctor's release prior to the readmission of an ill child.

Parent Signature _____ Date _____