

Child's Name _____

METHODIST WEEKDAY SCHOOL
2600 MASSACHUSETTS AVENUE
LEXINGTON, MA 02420
781-862-8489

HEALTH GUIDELINES

In order to maintain a healthy environment for children and staff, it is necessary that all MWS families understand and follow these guidelines:

I understand that the school decides to send an ill child home based on the "Criteria for excluding an ill or infected child from an early childhood program" as published in the book Healthcare in Daycare Settings: A guide for daycare providers in Massachusetts; a copy of these criteria is found in the MWS Parents Handbook.

I agree to use the same criteria as the school in judging whether my child should attend school.

I agree to notify the school if my child contracts strep throat, head lice, conjunctivitis, or chicken pox so the school may alert other families to the presence of these contagious conditions.

I understand that the school reserves the right to send my child home if he/she exhibits symptoms of illness.

I agree to keep my child home if (s)he demonstrates any of the following:

- a constantly runny nose, especially if the mucus is yellow or green
- a persistent cough
- extreme lethargy, relative to medication or the onset of illness
- a fever of 100 degrees or more any time during the 18 hour period before school
- any vomiting or diarrhea in the 18 hour period before school

GIVEN EVIDENCE OF ANY OF THE ABOVE SYMPTOMS, THE SCHOOL WILL CALL A PARENT FIRST AND THEN THE EMERGENCY CONTACTS TO COME TAKE THE ILL CHILD HOME.

I have read the above as well as the "Criteria for excluding an ill or infected child from an early childhood program" and will abide by these health guidelines.

Parent's signature

Date