DATE: _		
,	<b>STUDENT ILLNESS POLICIES &amp; PROCEDURES</b>	
If your child is sent home with a fever, vomiting, diarrhea, or any other symptom that the administration considers to be of a contagious nature, your child may not return to the CDC until at least 24 hours have passed and all symptoms are gone.  The only exception is there is a note from the child's doctor that states that the child is well, not contagious, and may return to school.		
CHAPTER Florida Ad	65C-22 ministrative Code Child Care Standards	
	unicable Disease Control	
	ren in care shall be observed on a daily basis for signs of communicable disease. Any child, child care	
	onnel or other person in the child care facility suspected of having a communicable disease shall be	
	wed from the facility or placed in an isolation area until removed. Such person may not return	
with	out medical authorization or until the signs and symptoms of the disease are no longer	
pres	ent. A child's condition shall be reported to the custodial parent or legal guardian.	
	and the state of t	
_	nd symptoms of a suspected communicable disease include the following:	
l.	Severe coughing, causing a child to become red or blue in the face or to make a whooping sound	
II.	Difficult or rapid breathing Stiff neck	
III. IV.	Diarrhea (more than one abnormally loose stool within a 24 hour period)	
V. V.	Temperature of 101 degrees Fahrenheit or higher when in conjunction with any other signs of	
٧.	illness	
VI.	Pink Eye	
VII.	Exposed, open skin lesions	
VIII.	Unusually dark urine and/or gray or white stool	
IX.	Yellowish skin or eyes	
Χ.	Any other unusual sign or symptom of illness.	

provided that treatment has occurred and has been verified. Verification of treatment may include a product box, box top, empty bottle, or signed statement by a custodial parent or legal guardian that treatment has occurred. The child care facility must also treat areas, equipment, toys, and furnishings with which the child has been in contact.

(b) A child identified as having head lice shall not be permitted to return until the following day, and only

I have read and understand the College Park UMC Child Development Centre policies an	d procedures for child illness
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**Parent Signature** 

STUDENT NAME:

Date