

## PRINCE OF PEACE LUTHERAN PRESCHOOL ILLNESS POLICY

Our staff takes constant precautions to prevent the spread of illnesses. Careful and repeated hand washing by staff **and** students can help eliminate the risk of spreading germs. Other precautions include taking extra precautions with diaper changing procedures, monitoring toilet procedures, and working to maintain sanitary conditions throughout the center such as sanitizing toys weekly and separating sick children from those who are well.

### **We ask for your cooperation in the following ways:**

- If your child has been exposed to any contagious illness or disease, we ask you to notify us of the exposure, even if symptoms are not present.
- If your child shows any of the symptoms listed below, please keep the child out of school. If any of our staff members feel your child is exhibiting any of the symptoms listed below, you will be called and asked to pick up your child as soon as possible. Your child may return to school when he or she is symptom free with a normal temperature (without fever reducing medication for 24 hours) or with written approval by a physician.

### **Symptoms include:**

- Both fever (100 and above) and behavior change.
- Symptoms of severe illness such as lethargy (more than expected tiredness), uncontrolled coughing, inexplicable irritability or crying, difficulty breathing, wheezing, or other unusual signs (until medical evaluation determines the child can return to school).
- Diarrhea, defined as more watery, less formed, more frequent stools not associated with a diet change or medication - a stool not contained by the child's ability to use the toilet.
- Blood in the stools not explained by diet change, medication or hard stools.
- Pinkeye - redness of eyelid lining and/or white part of the eye, crusty eyelids.
- Itchy scalp due to lice or nits. All nits must be absent before returning to school.

I have read and understand the Prince of Peace Lutheran Preschool Illness policy. I agree to do everything in my control to comply with this policy by adhering to the above mentioned policies and anything else the school requires to reduce the risk of spreading illness and disease including waiting with my child for health check at drop off if requested.

---

Child's name

---

Parent or Guardian signature

---

Date