



## Health Policy Acknowledgment Form

To be completed by Parent/Guardian:

I, \_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_  
\_\_\_\_\_, who is enrolled at Caia Nursery. I acknowledge and understand the health policies in place regarding the attendance of my child when exhibiting specific symptoms.

Child's Information:

- Child's Full Legal Name: \_\_\_\_\_

- Date of Birth: \_\_\_\_\_

### Symptoms:

I understand that if my child exhibits any of the following symptoms, they should not attend the nursery:

#### 1. Fever:

- A fever of 100.4°F (38°C) or higher. My child should be fever-free for at least 24 hours without the use of fever-reducing medications before returning to the nursery.

#### 2. Diarrhea and Vomiting:

- Persistent diarrhea (more than one episode) or vomiting. My child should be symptom-free for at least 24 hours before returning to the nursery.

#### 3. Runny Nose with Colored Discharge:

- If my child has a runny nose with colored discharge, especially green or yellow. I will keep my child at home until the discharge is clear or as advised by a healthcare professional.

#### 4. Rash:

- Any unexplained rash. I will obtain a doctor's note clearing my child for return to the nursery.

**5. Discharge from Eyes and Ears:**

- If my child has discharge from the eyes or ears, indicating a possible infection. I will seek medical advice and keep my child at home until cleared by a healthcare professional.

**6. Lice:**

- If my child has lice or nits. I will inform the nursery immediately, and my child will be required to stay at home until effectively treated, and no live lice are present.

Reporting to Nursery:

I understand that it is my responsibility to promptly inform the nursery if my child develops any of the aforementioned symptoms. I will provide as much detail as possible to assist in maintaining a healthy environment for all children.

Return to Nursery:

I agree not to send my child back to the nursery until the symptoms have resolved, and my child is no longer contagious or as advised by a healthcare professional. I understand that this policy is in place to protect the health and well-being of all children and staff at Caia Nursery.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note:

This form serves as an acknowledgment of the health policies related to specific symptoms. It is crucial to adhere to these guidelines for the well-being of all children and staff at the nursery.