

Chesterbrook Academy Sick Policy Acknowledgement

I / We,	, parents of
	$_{}$ hereby certify that I / we will
abide by the following sick policies:	
 it will take longer than 1 hour to pick I/We understand that my child(ren) we following symptoms: A fever of 100 degrees or higher Vomiting within the previous 24-hour Diarrhea within the previous 24-hour Diarrhea within the previous 24-hour A heavy nasal discharge indicative of A constant cough or sore throat Fussy, cranky behavior and generally A skin rash, excluding diaper rash Head lice Symptoms of a communicable disease Yellowish eye discharge or Raised pimple-like spots on Oozing sores on mouth or expensed properties of the control of the	r period r period (including recurring episodes of diarrhea infection not himself/herself se red eyes body elsewhere on body
Signature of Parent	 Date

Date

Signature of Parent