



# **St. Paul's Episcopal Preschool**

228 S. Pitt Street, Alexandria, Virginia 22314 (703)548-6089

**Nurturing Children. Serving Families**

## **HEALTH POLICY**

A physical examination and a record of immunizations are required by the Alexandria City Health Department and the state of Virginia. A "Commonwealth of Virginia School Entrance Health Form" completed by your child's physician must be on file with the school **on or before the first day of school attendance.**

It is inevitable that young children develop illnesses during their enrollment in preschool. In order to preserve the health of other children and teachers, all families are asked to adhere to St. Paul's Episcopal Preschool's Health Policy. All members of staff are trained in daily health inspection of children and will screen children daily for signs of illness. Children who are obviously sick will be isolated from others, in accordance with the City of Alexandria Health Department regulations, and will be sent home as soon as possible. Any child who is ill or displaying early indicators of illness must NOT be sent to preschool.

## **HEALTH PLEDGE**

CHILD'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

I promise to keep my child(ren) at home when the following symptoms and situations occur. I understand that if my child exhibits any of the following symptoms, or if any of these situations occur during preschool hours, I will be contacted to retrieve my child from school as quickly as possible. If my child is has returned to school while he/she is still in the contagious period of illness/communicable illness, I understand that the director and/or my child's teachers have the right and the obligation to refuse to accept that child for that day's session.

1. Fever of 100 degrees or more by oral thermometer. NOTE: The child's temperature must be below 100 degrees for 24 hours (*without the aid of fever reducing medication*);
2. If the child has had diarrhea or has been vomiting in the past 24 hours (even one episode), regardless of the perceived reason for the episode;

3. The child has been taking an antibiotic for *less than 24 hours*. St. Paul's Episcopal Preschool may request a letter from your child's physician verifying your child is healthy enough and ready to return to school, especially in circumstances of contagious diseases such as Hand/Foot/Mouth, Chicken Pox, etc.;
4. The child has cold or flu symptoms including severe/persistent cough, sore throat or trouble swallowing, thick nasal discharge, difficult or rapid breathing, and diarrhea;
5. Tearing, irritated eyes, redness of the eyelid lining, swelling, and discharge of pus associated with Conjunctivitis, commonly known as "pink eye";
6. Allergic reaction to medication, immunization or other offenders;
7. Unusual spots, undiagnosed skin rashes (including poison ivy), or infected skin patches. St. Paul's Episcopal Preschool may request a letter from your child's physician verifying your child skin rash is not a symptom of a communicable illness;
8. Headache, upset stomach, vomiting, or grey/white stool;
9. Severe itching of the body or scalp. (NOTE: Children with head lice cannot attend preschool until treated);
10. Unusually dark, tea colored urine - especially with a fever;
11. Unusual behavior including extreme crankiness, lethargy, crying more than usual, and any obvious discomfort which prevents the child from participating in the regular daily schedule.

I will contact the preschool in the event that my child will be absent due to illness. I understand that all illness and health related information remains confidential and that knowledge of my child's illness is for the purpose of the prevention of the spread of illness and infection in the preschool. I will not bring any sick sibling children into the classroom or to school activities.

If my child required the administration of medication, of any kind, while in preschool, I will meet with the Head of School in order to complete a Written Medication Consent Form. Please refer to the "Religiously Exempt Child Day Care Center Program Decision to Administer Medication" form.

***I hereby agree to abide by all of the school exclusion guidelines set forth in the St. Paul's Episcopal Preschool's infection control policy.***

**Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_