



Health Agreement

Child's Name _____

1. I, the undersigned, agree to abide by health policies and obtain the necessary medical and dental examinations, immunizations, laboratory tests and treatments while my child is enrolled in this program.
2. I, the undersigned, understand that when my child is at school he/she will brush their teeth daily.
3. I, the undersigned, agree that if my child is ill and remains at home, I will call and notify the Family Service Worker or the classroom teacher of my child's absence and the reason for it. If my child is in school and is **judged** not **well enough to remain**, I will take my child home or designate a responsible person to transport my child.
4. I, the undersigned, understand that parents are required to keep their child at home from the center if they show signs of a cold or other infection. If your child has a fever, he/she **may not** return to school until the temperature has been normal for 24 hours. Please do not ask the bus driver to transport your child in this instance. If your child has a contagious illness, a doctor's note is required to return to school.

Parent/Guardian Signature

Date

Witness