

Policy Acknowledgement Form

Initial Here

_____ **Inclement Weather**

In the event of inclement weather, the Weekday School will follow the Gaston County Schools schedule.

When GCS start on a two hour delay, the WDS will open at 8:30 a.m.

When GCS start on a one hour delay, the WDS will open at 7:30 a.m.

*When GCS dismiss early due to inclement weather, the Weekday School will close **no later than 4:00 p.m.***

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_____ **Health Information**

A current health certificate and immunization record is required and should be filed in the Weekday School office by the first day of your child's attendance.

The State mandates that children with any of the following **must** be excluded from care:

- Fahrenheit temperature over 100 degrees underarm, 101 degrees orally, or 102 degrees rectally
- Strep throat, until 24 hours after treatment has started
- 2 or more episodes of vomiting within a 12 hour period
- A red eye with white or yellow eye discharge until 24 hours after treatment
- Scabies or lice
- Chicken pox or a rash suggestive of chicken pox
- Tuberculosis, until a health professional states that the child is not infectious
- Impetigo, until 24 hours after treatment
- Pertussis (whooping cough), until five days after appropriate antibiotic treatment
- Hepatitis A virus infection, until one week after onset of illness or jaundice
- Sudden onset of diarrhea characterized by an increased number of bowel movements compared to the child's normal pattern and with increased stool water.
- When a physician or other health professional issues a written order that the child is separated from other children.

Please do not bring your child back to school until they have been fever and/or diarrhea-free for twenty-four hours.

Slight injuries at school will receive first aid from a qualified staff member. In the event of serious injury, parents will be notified immediately and necessary steps taken to obtain medical aid. If hospital care is required, transportation will be via ambulance.

The school will always make every effort to contact the child's parents in case of illness or accident or to secure any necessary medical care or treatment that may be warranted by the circumstances. In cases of emergency, the school will attempt to reach in the following order: parent (s), emergency contacts listed on the application

I, the undersigned parent or guardian of _____ (child's full name), do hereby state that I have read and received a copy of the updated First Presbyterian Weekday School Parent Handbook which outlines the goals and policies of First Presbyterian Weekday School. I have familiarized myself with the contents of this handbook. By my signature below, I acknowledge, understand, accept and agree with the information contained in the parent handbook provided by First Presbyterian Weekday School.

Signature of Parent or Guardian: _____ Date: _____

Revised 8/2009