



Great Lakes Montessori

Unlocking Potential, Building Confidence, Securing Independence, Establishing the Future...

Parent Forms Healthy Child

I, _____, certify that _____.
(parent name) (child name)

is in good health and that I assume all responsibility for my child's health while on the premises of Great Lakes Montessori school.

I will keep my ill child at home if they have any of the following conditions:

A fever of 99.5 or higher (the child must be fever free without medication for 24 hours before they can return to class.)

Vomiting or Diarrhea

Discolored Mucous (discolored mucous usually means infection, so child may return to class when they have been on Antibiotics for 24 hours or a note from doctor stating they are not contagious to others.)

Communicable Disease (any disease that can be spread to others, ex. Influenza, head lice, bronchitis, chicken pox, ringworm, pink eye, etc. Children may return to class with a Doctors note stating they are not contagious to others.)

*** If for any reason your child can not participate in the everyday classroom routine which includes outdoor recess time, please keep your child at home.**

We strive to keep the classroom as germ free as possible. All the common areas, furniture, flooring, materials and work rugs are routinely disinfected. To keep from spreading illnesses, we ask that you please keep your sick child out of school. The best place for a sick child is resting comfortably at home to ensure a "speedy" recovery.

I certify that my child is current on their immunization shots and I will provide a copy of their records to Great Lakes Montessori; or if my child is school-aged and is only attending Great Lakes Montessori Summer Camp Program or Afterschool Program, I certify that my child's school has a copy of their immunization records on file.

Signed,

(Parent Signature)

(Date)