



West River Montessori School

3650D Route 100N

S. Londonderry VT, 05155

Health Policy

2023/24



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Health Guidelines for School Attendance

The following guidelines address some of the most common school aged illnesses, according to mandatory state regulations:

Cold (includes Coxsackievirus) - Child MUST remain home until fever free for 24 hours

Coughs (includes bronchitis, croup, pneumonia) - Child MUST remain home until severe or croup cough has subsided

Fevers - Child MUST remain home until fever free for 24 hours, temperature must be below 100.4 degrees

Strep Throat - Child CAN NOT return to school until they are fever free for 24 hours and MUST be on the appropriate antibiotics for 24 hours

Conjunctivities (pink eye) - Child CAN NOT return to school until 24 hours after the eye stops draining and the redness of the eye has disappeared

Chickenpox - Child CAN NOT return to school until all lesions are dry and there are no new lesions developing (this usually takes about one week)

Impetigo - Child must remain home for 48 hours after the appropriate antibiotics have been taken and all lesions are dry

Rash - Child CAN NOT return until the rash is gone or has been identified as non-contagious by a health professional

Vomiting and Diarrhea - Child CAN NOT return to school until they are 24 hours vomit and diarrhea free

Head lice - Children may return after prescription shampoo treatment and all eggs are removed and a follow up treatment in one week.

Pneumonia - with a physician's note.

Please note: If you bring your child to school sick or exhibiting any of these symptoms of illness, you will be called to come pick up your child immediately. This will be entirely up to the staff's discretion through observation of the child's behavior and demeanor.

Health and safety guidance is ever changing, we reserve the right to make changes without prior notice.



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PLEASE INITIAL ON EACH LINE AND SIGN THE BOTTOM

_____ I have read and agree to The West River Montessori School's health policy.

_____ I understand that I will be called to pick my child up if they develop symptoms at any time.

_____ I understand I cannot send my child back to school until the guidance states above on the policy.

_____ Furthermore, I understand if my child requires medication to control any symptoms, they should not be at school.

Signature

Date