

## Sick Notice

Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Temp: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Tear

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## Schoolhouse Montessori Health Policy

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Your child **may not** return to school until he/she has been symptom free for **one entire school day** without the use of any medication.

Children with contagious illnesses will not be admitted for any reason **until the child's physician has indicated in writing that the illness is no longer contagious**, or at the discretion of the School Director.