BHCLC Health/Infectious Disease Policy

Our priority at Bright Haven CLC is to ensure the safety of the children and staff that come into our center every day. These are the guidelines that remain in place for the general health and safety of everyone in our center. These guidelines are subject to changes depending on the severity of illness within the center. We will send notification via Tadpoles of any diagnosis you need to be made aware of in your child's classroom. **This form must be submitted in order for your child to participate in the program.**

Child's Name:_____ DOB: _____ Child's Name:_____ DOB: _____ Child's Name:_____ DOB: _____

I (parent/guardian):_____agree to be aware of my child(ren)'s health.

If my child(ren) or any person within my household show any of the following symptoms, I agree to keep them home.

- Temperature of 101 or higher (100.1 if child is under 12 months old)
- New cough of any kind
- 2 or more occurrences of vomiting/diarrhea within a 24 hour period
- Rash presenting with fluid-filled blisters on mouth, feet, or hands.
- Discharge or leakage from eyes accompanied by redness and/or itching.

I agree to only have my child(ren) in attendance if they are symptom free. If my child(ren) or anyone living within my household has any of these symptoms, I understand that they will not be allowed to attend Bright Haven CLC until they are cleared by a doctor.

I agree to notify management of any conditions or changes in my child's health status.

I agree to inform Bright Haven CLC if my child tests positive for any illness so that the center can take necessary mandated steps. Bright Haven CLC agrees to keep your child's identity confidential.

I also understand, as stated in Bright Haven's Parent Handbook and Acknowledgement of Policies that I am still responsible to pay for my child's enrollment at Bright haven CLC since the position is reserved solely for my child whether they are in attendance or not. Bright Haven CLC management regrets the need to enforce this policy, but we are trying to ensure the financial sustainability of our center.

I certify and acknowledge that I have read and understand the Health & Infectious Disease Policy and agree to the terms listed above.

Signature: _____Date: _____

Print Name: _____ Date: _____

Relationship to child(ren): _____