

**FCC Preschool
Health & Wellness Policy
Acknowledgment Form**

I understand that my child, _____,
should be fever-free and symptom-free for at least 24 hours without the aid
of fever-reducing medication before returning to FCC Preschool.
Furthermore, I agree not to bring my child back to school until they show no
signs of illness, and I understand that if I attempt to return my child to
school before the 24-hour period is up that FCC Preschool staff has a right
to deny my child entry to ensure the health and wellness of other preschool
children and staff.

Parent Signature

Date