

Young Men's and Young Women's Hebrew Association of Williamsburg, Inc.
(Y.M. & Y.W.H.A. of Williamsburg, Inc.)
Head Start Program

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Sick Policy

Our priority at the Y.M. & Y.W.H.A of Williamsburg, Inc., is to ensure the health and safety of the children and staff who come to our center daily. We will not be successful without your help! Our guidelines are based on the DOH and NYCDOE guidelines, with consultation from our healthcare consultants and licensing agencies. These practices are subject to change as needed. We are asking our families to acknowledge and agree to the following procedures.

Child's Name: _____ DOB: _____

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I, _____, parent/ guardian to child(ren) listed above agree to the following:

- If my child(ren) is diagnosed with any contagious condition, I will notify the school accordingly.
- If my child(ren) shows any of the following symptoms, I agree to notify the school and keep them home for at least 24 hours or until the child is fever-free, without fever-reducing medication.
 - Fever over 100.4
 - Excessive Dry Cough
 - Shortness of Breath
 - Lethargic, overly tired, unusually calm or quiet
 - Unexplained rash
 - Discharge from one or both eyes
 - Vomiting/ Diarrhea/ Nausea
- If my child experiences any of the above symptoms while at the program, I understand that I or a person I have designated as an emergency pick-up will arrive within one hour to take my child(ren) home.
- Administration may request a physician's note.
- **Any child who misses school for three consecutive days due to illness must return to school with a clearance note from a physician.**

I certify and acknowledge that I have read and understood this sick policy and agree to the above-mentioned terms.

Signature: _____ Date: _____

Print Name: _____