



St. Louis King of France Catholic School

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Pamela K. Schott, Principal

Reverend Mark S. Raphael, Pastor

Illness/Unusual Behavior Policies

Children will occasionally get sick and either need to be sent home for proper rest and care or to receive proper medical attention. It is always our top priority to ensure that all children are healthy and happy. Following is a list of mandated guidelines for particular illnesses. Please understand that this is not an exhaustive list. It includes common illnesses for infants and toddlers. In order to maintain a safe and healthy environment we will enforce the following guidelines, as mandated by The Department of Health in Title 51 PUBLIC HEALTH—SANITARY CODE Part XXI. Day Care Centers and Residential Facilities.

Illness	When Child Can Return to School
Fever of unknown origin (100.0 or greater) and some behavioral signs of illness	Fever free WITHOUT medication for 24 hours or cleared by child's physician
Pinkeye	24 hours AFTER starting drops
Vomiting	Eating and drinking normally for 24 hours symptom free
Undiagnosed rash/skin infection	Cleared by child's physician as non-contagious
Diarrhea: One (1) uncontained diarrhea OR Two (2) times or more	Eating and drinking normally for 24 hours WITHOUT diarrhea or cleared by child's physician
Mouth sores with drooling	With a doctor's note
Severe cough	With a doctor's note
Ear Pain/Infection	With a doctor's note
Sore Throat	With a doctor's note
Staph Infection	Day after treatment WITH a doctor's note. Area must remain covered at all times.
Flu	Symptom and fever free without medication for 24 hours
Hand, Foot & Mouth	Day after treatment WITH doctor's note. ALL open sores MUST remain covered.
Chicken Pox	Skin lesions (blisters) all scabbed over

I, _____, understand that St. Louis King of France will follow the guidelines listed above for illnesses and unusual behaviors. If my child is not picked up **within an hour** after I have been contacted, SLKF and it's administration are instructed by the Department of Education and the Department of Health to call for an ambulance to pick up my child and transport them to the nearest hospital for proper medical attention if deemed necessary. I also understand that SLKF reserves the right to request my child be picked up if he/she elicits any unexplained and/or uncommon symptoms and behaviors. I understand that these guidelines are created for the health and safety of my child, as well as my child's classmates.

Name of Child: _____

Signature of Parent: _____

Date: _____