

St Matthew's School

Wellness and Health Policy

Wellness Policy

To help prevent the spread of colds and other communicable diseases we advise keeping a child home if he / she showing signs of illness, including:

Runny nose	Cough
Fever of 99 degrees or more	Swollen glands
Diarrhea or Vomiting	Chills
Skin rash	Drainage from the eye

Staff will contact parents for early pickup if any symptoms develop or are observed during the school day. Children must be symptom free for 24 hours before returning to school.

Proof of a doctor's treatment will be needed for in the event of the following illnesses:

Impetigo	Mumps	Chicken Pox
Strep Infection	Measles	German Measles
Whooping Cough	Mononucleosis	Conjunctivitis
Pediculosis* (head lice)	COVID-19	

*Children with Pediculosis (head lice) must have been treated and be nit free to return to school.

We will follow all guidance from the CDC, PA Dept of Health and the Chester County Health Department as it relates to communicable diseases.

Health Policy

The health and safety of our staff and children are very important to us. Therefore we use the following guidelines.

Hand washing is required before snack and after bathroom use.

Fire drills and Lock Downs will occur throughout the year.

Accidents and Injuries will be treated with administering of Standard First Aid Procedures. An incident report will be completed. In the event of a more serious accident, parents or emergency contacts will be notified.

First Aid / CPR Trained individuals will be on staff at all times.

Immunizations need to be kept current and a copy of current immunizations is to be kept on file in the school office.

Medication: It is St. Matthew's School's policy not to administer medication to students (excluding EPI pens). All requests for administration of medication will be reviewed by the school board on a case by case basis.

Last updated July 29, 2022

Please return the bottom portion of this document to the school.

I have read, understand and agree to abide by St Matthew's School's Health and Wellness Policy. I agree to keep my child home if they are showing any signs or symptoms of illness.

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____