

**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

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