

SANDRIDGE ELEMENTARY SCHOOL
SCHOOL DISTRICT 172
PARENT ACKNOWLEDGMENT OF STUDENT ILLNESS,
EXCLUSION & IMMEDIATE PICK-UP POLICY
2026–2027 SCHOOL YEAR

This form is required for student registration and must be completed by a parent or legal guardian.

STUDENT INFORMATION

Student Name	
Date of Birth	
Grade	
Teacher	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name	
Primary Phone	
Secondary Phone	
Email Address	

AUTHORIZED EMERGENCY CONTACTS

Name	Relationship	Phone Number	Authorized Pickup
			YES / NO
			YES / NO

PARENT ACKNOWLEDGMENT

I understand that if my child becomes ill, injured, or develops symptoms requiring exclusion from school, I or one of my authorized emergency contacts must pick up my child immediately upon notification by school staff.

If my child develops a fever of 100.0°F (37.8°C) or higher while at school, school nursing staff may administer a fever-reducing medication, when medically appropriate and permitted under school policy, to reduce discomfort while awaiting pick-up.

Failure to respond to school communications or arrange prompt pick-up of an ill child may result in Sandridge Elementary School contacting the appropriate authorities, agencies, or services necessary to ensure the health, safety, and welfare of the child.

CONDITIONS REQUIRING EXCLUSION FROM SCHOOL

☐ Fever of 100.0°F or greater, especially when accompanied by chills, headache, body aches, earache, or sore throat.

- ☐ Vomiting or diarrhea.
- ☐ Undiagnosed or untreated skin rashes.
- ☐ Impetigo, head lice, scabies, ringworm, or similar communicable conditions.
- ☐ Any illness determined by school health staff to pose a risk to the student or others.

RETURN-TO-SCHOOL REQUIREMENTS

- ✓ Student must be fever-free for 24 hours without the use of fever-reducing medication.
- ✓ Student must be free from vomiting for 24 hours from the last episode.
- ✓ Student must be free from diarrhea for 24 hours from the last episode.
- ✓ Student has been on prescribed antibiotics for at least 24 hours when applicable.
- ✓ Any required medical documentation or clearance has been provided.

PARENT INITIALS REQUIRED

	Immediate pick-up is required when my child is excluded from school.
	A fever of 100.0°F or higher requires exclusion from school.
	My child must be fever-free for 24 hours without medication before returning.
	My child must be vomit-free for 24 hours before returning.
	Emergency contact information must remain current.
	Failure to arrange timely pick-up may result in involvement of appropriate authorities.

PARENT/GUARDIAN CERTIFICATION

I certify that I have read, understand, and agree to comply with the Sandridge Elementary School Student Illness, Exclusion, and Immediate Pick-Up Policy. I further certify that all information provided on this form is accurate and current.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date: _____

School Nurse: _____

Date Received: _____