



Child's Name _____

Date _____

Your child is being sent home due to illness.

Children may not return until 24 hours after exclusion symptoms have stopped.

The *earliest* your child can return is: Monday Tuesday Wednesday Thursday Friday

Needs a doctor's note to return.

Reason for being sent home (circle all that apply):

Fever: _____

Pink Eye

Undiagnosed Rash

Vomiting: _____

Stomach Ache

Sore Throat

Diarrhea: _____

Other: _____

If your child is still not feeling better by the following day, please keep your child home and send us an email at info@misamigosimmersion.com informing us that he or she will not attend.

Thank you,



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