

**THE GLADYS H. OBERLE SCHOOL**  
**Flu and Illness Agreement**  
**2021-2022**

To ensure the safety of all students and staff, I will keep my child home from school if they show symptoms of the flu to include fever (100 degrees Fahrenheit, 37.8 degree Celsius or greater), cough, sore throat, a runny or stuffy nose, body aches, headache, and feeling very tired. I will not send my child back to school until at least 24 hours after they are symptom free and have not had a fever, or signs or a fever, without the use of fever-reducing medications.

In the event, my child becomes ill at school with at least two flu-like symptoms, I will make arrangements for my child to be picked up within one (1) hour of being notified.

I have read and agree to comply with the Gladys H. Oberle School Flu and Illness Agreement. I understand that it is my responsibility to make arrangements for my child to be picked up from school within one (1) hour in the event he or she presents with at least two (2) flu-like symptoms.

Print Parent/Guardian Name: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_