## Daybreak Treatment Center Infection Precaution Agreement

Patient's Name:	Date:
•	ad Specialized School assumes infection control al health and well-being of all staff, patients and
<ul> <li>If your child is sick with flu she is not allowed to return t fever is gone and vomiting/d</li> </ul>	cy to enforce effective control of infection. I-like illness (vomiting, diarrhea or fever), he or to Daybreak for at least 24 hours after his or her iarrhea has stopped. gone for 24 hours without the use of a fever-
	my child's fever has been gone for 24 hours nedicine and vomiting and diarrhea has stopped.
Parent's Written Name:	
Parent's Signature:	Date
Date(s) Absent	Date of Return