PINNACLE
ACADEMIC COLLEGE

Wellness Policy 2027

Wellness Policy 2027

PINNACLE ACADEMIC COLLEGE

WELLNESS POLICY

We at Pinnacle Academic College care about our community and want to ensure the safety of everyone. Sick children and adults need to stay in their homes to better recover quickly and completely, this protects them and the wider community.

In order to ensure the safety of our Staff and Students, we require the following:

- Any adult or student or unenrolled child who is showing obvious signs of illness is **NOT** to attend PAC activities including On Campus Drop Off/Pick Up, On Campus Classes and PAC Days.
- We would like to bring your attention specifically to vomiting and diarrhoea, please keep your child home for 48 hours after their last loose bowel movement and/or vomit. If gastro is actively going through your family, we ask that your child/ren stay home until everyone in your household is 48 hours clear of illness.

The school follows Queensland Health requirements and guidelines regarding infectious and contagious illnesses. Where a student has, or is suspected of having, an infectious or contagious illness, the school will follow the relevant Queensland Health advice, recommendations and directions, including any exclusion periods and requirements for returning to school.

Parents and carers are expected to adhere to Queensland Health requirements and keep their child at home when required. The school will communicate relevant information and take appropriate steps to support the health, safety and wellbeing of all students, staff and the wider school community.

For further information regarding student health, infectious illnesses and exclusion requirements, please refer to the Queensland Department of Education's student health information:

https://education.qld.gov.au/students/student-health-safety-wellbeing/student-health

We thank you for your co-operation in this to help keep our college community as well as the wider community safe and healthy.

☐ **I acknowledge that I have read and understand the Wellness Policy and agree to follow its requirements.**

Parent/Carer Full Name: _____

Parent/Carer Signature: _____ **Date:** _____