








I NEED TO STAY HOME IF...

I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
						
Temperature of 100 or higher	Within the past 24 hours	Within the past 24 hours	Body rash with itching or fever	Itchy head, active head lice	Redness, itching, and/or "crusty" drainage from eye	Hospital stay and/or Urgent Care/ER visit

I AM READY TO GO BACK TO SCHOOL WHEN I AM...

Fever free for 24 hours without the use of fever reducing medication (i.e. Tylenol, Motrin)	Free from vomiting for at least 2 solid meals	Free from diarrhea for at least 24 hours	Free from rash, itching or fever. I have been evaluated by my doctor if needed.	Treated with appropriate lice treatment at home & proof is provided to nurse	Evaluated by my doctor & have note to return to school	Released by my medical provider to return to school
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