





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 |
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|  |  |  |  |  |  |  |
| 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 ER Visit |

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

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| 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 or fever. I have been evaluated by my doctor if needed. | Treated with appropriate lice treatment at home and proof is provided to nurse. | Evaluated by my doctor and have note to return to school | Released by my medical provider to return to school. |
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