








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
						
Temp 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

Fever free for 24 hours without the use of fever reducing medication. ie. Tylenol, Motrin	Fever free from vomiting for at least 24 hours without medication.	Free from diarrhea for at least 24 hours without medication.	Free from rash, itching, 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.
--	--	---	---	---	--	---