

I Need to Stay Home if...



| I have a | I am | I have | I have a | I have | I have an | I have been in the |
|-----------------------------------|-----------------------------|-----------------------------|---------------------------------|---------------------------------|---|----------------------------------|
| Fever | Vomiting | Diarrhea | Rash | Head Lice | Eye Infection | Hospital |
| | 27 | (8) | | •• | 1. | |
| Temperature of 100°F 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" discharge from eyes | Hospital stay and/or 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.

Free from vomiting for at least 2 solid meals without the use of medications.

Free from diarrhea for at least 24 hours without the use of medications.

Free from rash itching or fever and evaluated by doctor if needed.

Treated with appropriate lice treatment at home a note from doctor and proof is provided to nurse.

Eye has returned to normal or have to return to school.

Released by my medical provider to return to school.



