








I NEED TO STAY HOME IF. . .

<p>I HAVE A FEVER</p>  <p>Temperature of 100.4 or higher</p>	<p>I AM VOMITING</p>  <p>Within the past 24 hours</p>	<p>I HAVE DIARRHEA</p>  <p>Within the past 24 hours</p>	<p>I HAVE A RASH</p>  <p>Body rash with itching or fever</p>	<p>I HAVE HEAD LICE</p>  <p>Itchy head, active head lice</p>	<p>I HAVE AN EYE INFECTION</p>  <p>Redness, itching and/or "crusty" drainage from the eye</p>	<p>I HAVE BEEN IN THE HOSPITAL</p>  <p>Hospital stay and/or ER visit</p>
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I AM READY TO GO BACK TO SCHOOL WHEN I AM. . .

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