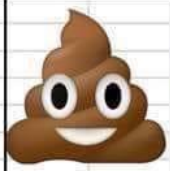
I NEED TO STAY HOME IF...

I HAVE A FEVER	I AM VOMITING	I HAVE DIARREHA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
						
Temperature of 100.4 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....

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.