








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 HOSPITAL
						
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, CRUSTY DRAINAGE	ER VISIT AND/OR HOSPITAL STAY

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

I AM FEVER-FREE FOR 24 HOURS WITHOUT FEVER-REDUCING MEDICATION (MOTRIN, TYLENOL)	I AM FREE FROM VOMITING FOR 24 HOURS	I AM FREE FROM DIARRHEA FOR 24 HOURS	I AM FREE FROM RASH, ITCHING, OR FEVER AND HAVE BEEN EVALUATED BY MY DOCTOR	I HAVE BEEN TREATED WITH APPROPRIATE LICE TREATMENT AND I HAVE BEEN EVALUATED BY SCHOOL NURSE	I HAVE BEEN EVALUATED BY MY DOCTOR AND HAVE A NOTE TO RETURN TO SCHOOL	I HAVE BEEN RELEASED BY MY MEDICAL PROVIDER TO RETURN TO SCHOOL
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