








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
						
Temperature of 100.4 or higher	Within the past 24 hours	Within the past 24 hours	Body rash/hives with itching or fever	Itchy head, active head lice and/or nits	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 24 hours	Free from diarrhea for at least 24 hours	I have been evaluated by my doctor and cleared to return to school	Treated with appropriate lice treatment at home and am free of lice and/or nits and cleared by the school nurse. (Student must be brought back to school by parent/guardian upon returning after treatment)	I have been evaluated by my doctor and cleared to return to school	I have been released by my medical provider to return to school.
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