






I Need to Stay Home If....

I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE LICE	I HAVE AN EYE INFECTION	I HAVE A RUNNY NOSE AND A PERSISTANT COUGH
						 <p style="text-align: center;">and</p>
<p>Temperature of 100.4 F/ 38 C or higher</p>	<p>Within the past 24 hours</p>	<p>Within the past 24 hours</p>	<p>Body Rash with itching or fever</p>	<p>Itchy head, active head lice</p>	<p>Redness, itching, and/or "crusty" drainage from eye</p>	<p>Runny nose and persistent cough With unknown cause</p>

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, Advil</p>	<p>Free from vomiting for at least 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 a doctor if needed</p>	<p>Treated with appropriate lice treatment at home. Nits Removed</p>	<p>Symptoms have cleared or Evaluated by a doctor and have been cleared to return to school</p>	<p>When my symptoms have cleared</p>
---	--	---	---	--	---	--------------------------------------