

# I NEED TO STAY HOME IF...

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

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

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