





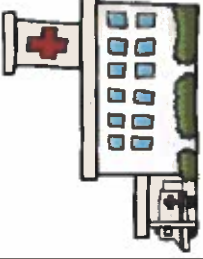


I NEED TO STAY HOME IF...

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 A 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 lice	Redness, itching, and/or "crusty" drainage from the eye	Hospital stay and/or ER visit

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

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