


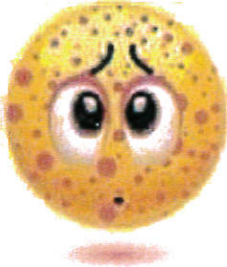




# I NEED TO STAY HOME IF...

| 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  |
|---|---|--|---|---|---|
|  |  |  |  |  |  |
| Temperature of<br>100.0<br>or higher  | Within the<br>past 24<br>hours  | Within the<br>past 24<br>hours.  | Body rash<br>with itching<br>And fever.   | Itchy head,<br>active head<br>lice.   | Redness, Itching,<br>with "crusty"<br>drainage from eye.                            |

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

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| 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 24<br>hours | Free from<br>diarrhea<br>for at least<br>24 hours | Free from rash<br>Itching and fever<br>Free for 24 hours<br>Without fever<br>Reducing medication<br>I.E. Tylenol<br>Or motrin | Treat with lice<br>Treatment<br>No live bugs<br>No nits within ¼ in.<br>Of scalp and<br>Must be checked by<br>Health Staff | Evaluated by<br>my doctor<br>and have note<br>to return<br>to school |
|--|---|---|---|--|--|