Please keep me home if….

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| I have a fever | I am vomiting | I have diarrhea | I have a rash | I have head lice/nits | I have an eye infection | I have been in the hospital | I’m just not feeling very good. (congested, thick/constant runny nose, sore throat, earache, coughing) |
| C:\Users\nugambca\Documents\face-with-thermometer_1f912.png | C:\Users\nugambca\Documents\face-with-open-mouth-vomiting_1f92e.png | C:\Users\nugambca\Documents\toilet_1f6bd.png | C:\Users\nugambca\Documents\rash_emogi.jpeg | C:\Users\nugambca\Documents\lice_emogi.jpeg | C:\Users\nugambca\Documents\emogi_eye_infection.jpeg | C:\Users\nugambca\Documents\hospital_1f3e5.png | C:\Users\nugambca\Documents\emogi_sick.jpeg |
| Temperature of 100 or higher | Two or more times within the past 24 hours | Two or more times within the past 24 hours | Body rash with itching or fever | Itchy head, active head lice | Redness, itching, and/or “crusty” pus draining from eye | Hospital stay and/or ER visit | Unusually tired and/or pale; Lack of appetite, confused and /or cranky, uncomfortable |

To return to school I need:

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| To be fever free for 24 hours without the use of fever reducing medication (i.e. Tylenol, Motrin, Advil) | To be free from vomiting for 24 hours | To be free from diarrhea for 24 hours | To be free from rash, itching, or fever. I have been evaluated by my doctor if needed. | Treated with appropriate lice treatment at home and checked by school nurse before returning to class | To have clear eyes that are not draining. To have completed 48 hours of treatment. | Released by my medical provider to return to school. If appropriate a copy of discharge instructions | To be feeling better and acting like I normally do |