




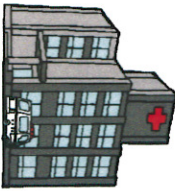


## I NEED TO STAY HOME IF...

<b>I HAVE A FEVER</b>	<b>I AM VOMITING</b>	<b>I HAVE DIARRHEA</b>	<b>I HAVE A RASH</b>	<b>I HAVE AN EYE INFECTION</b>	<b>I HAVE BEEN IN THE HOSPITAL</b>
					
Temperature of 100° or higher	Within the past 24 hours	Within the past 24 hours	Body rash, open or draining wounds	Redness, itching, pain or yellow/green drainage from eye	Hospital stay or visit to Emergency Room



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

Fever-free for 24 hours without using fever-reducing medicine (ie: Tylenol, Advil or Motrin)	Free from vomiting after eating at least 2 solid meals	Free from any diarrhea for 24 hours	Free from rash or fever, have been evaluated by the school nurse or have a medical note from my doctor with diagnosis and treatment plan	Evaluated by the school nurse, or have a medical note from my doctor with diagnosis	Released by my doctor to return to school
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