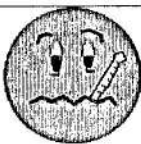



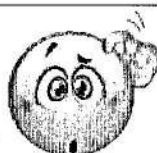



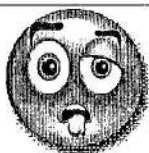



Guidelines for Keeping Sick Children Home From School

PLEASE KEEP ME HOME IF.....

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 am congested and/or have a thick constant runny nose	I have a Sore Throat	I have been diagnosed with Strep Throat or Scarlet Fever	I have been in the hospital	I'm just not feeling very good
										
Temperature of 100°F and sore throat, rash, vomiting, diarrhea, earache or not feeling well	Two or more times in 24 hours	Three or more watery stools in 24 hours	Body rash with itching or fever	Itchy scalp	White part of eye pink and/or pus draining from the eye	Uncomfortable stuffed up feeling and/or runny nose	With fever or swollen glands	Red sore throat with patches on tonsils, swollen glands, fever and/or rash	Hospital stay and/or emergency room visit	Unusually tired and/or pale. Lack of appetite, confused, and/or cranky

TO RETURN TO SCHOOL I NEED.....

To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil)	To be free from vomiting for 24 hours	To be free from diarrhea for 24 hours	A doctor's note permitting me to return to school	To be brought to the school nurse by my parent/guardian prior to returning to school	To have clear eyes that are not draining. To have completed 24 hours of treatment A doctor's note permitting me to return to school	To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin or Advil)	To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin or Advil)	To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin or Advil) To have completed 24 hours of treatment. A doctor's note permitting me to return to school	A copy of the discharge instructions and/or doctor's note permitting me to return to school that includes any special instructions (i.e. modifications to daily program and if so for what period of time)	To be feeling better and acting like I normally do. A note from my parent/guardian
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IF I SHOW ANY OF THE ABOVE SIGNS OF ILLNESS AT SCHOOL, IT WILL BE NECESSARY TO PICK ME UP FROM SCHOOL.
PLEASE KEEP ALL EMERGENCY CONTACT INFORMATION UP TO DATE. IF I SHOULD BECOME ILL OR INJURED AT SCHOOL,
I NEED TO BE ABLE TO CONTACT YOU.