




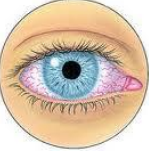


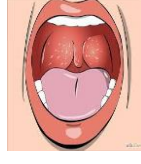




GUIDELINES FOR KEEPING SICK CHILDREN HOME FROM SCHOOL

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 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
			 <small>ClipartOf.com/1145102</small>							
Temperature of 100°F and sore throat, rash, vomiting, diarrhea, earache, or not feeling well	At least once in the past 24 hours	At least once in the past 24 hours	Body rash with itching or fever	Itchy scalp	White part of eye is pink and/or pus is 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		To be brought to the school nurse by my parent/guardian	To have clear eyes that are not draining.	To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil)	To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil)	To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil)	A copy of the discharge instructions and/or doctor's note permitting me to return to class 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	A note from parent/guardian	A note from parent/guardian	A doctor's note permitting me to return to school	Prior to returning to class	A doctor's note permitting me to return to school	A note from my parent/guardian/MD	A doctor's note permitting me to return to school	A doctor's note permitting me to return to school	To have completed 24 hours of treatment. A doctor's note permitting me to return to school	A note from my parent/guardian