







I NEED TO STAY HOME IF.....

I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
					
TEMPERATURE OF 100.0 OR HIGHER	WITHIN THE PAST 24 HOURS	WITHIN THE PAST 24 HOURS	BODY RASH WITH ITCHING OR FEVER	REDNESS,ITCHING AND/OR CRUSTY DRAINAGE FROM EYE	HOSPITAL STAY AND/OR ER/VISIT

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

Fever free for 24 hours Without the use of fever reducing medication i.e. Tylenol, Motrin	Free from vomiting For 24 hours	Free from diarrhea for 24 hours	Free from rash, itching or fever. I have been evaluated by my doctor if needed.	Evaluated by my doctor and have note to return to school.	Released by my medical provider to return to school.
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