









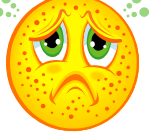


Guidelines for Keeping Sick Children Home From School

IF I SHOW ANY OF THESE SIGNS OF ILLNESS AT SCHOOL, IT WILL BE NECESSARY TO PICK ME UP AT 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.

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 congestion 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, sore throat, rash, vomiting, diarrhea, earache, or not feeling well	Within the last 12 hours	Two or more watery stools in 24 hours	Body rash with itching or rash	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
<p>To Return to School I Need:</p> <p>To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil)</p> <p>A note from my parent/guardian</p>	<p>To be free from vomiting for 24 hours</p> <p>A note from my parent/guardian</p>	<p>To be free from diarrhea for 24 hours</p> <p>A note from my parent/guardian</p>	<p>A doctor's note permitting me to return to school</p>	<p>To be brought to the school nurse by my parent/guardian</p> <p>Prior to returning to class</p>	<p>To have clear eyes that are not draining. To have completed 24 hours of treatment.</p> <p>A doctor's note permitting me to return to class.</p>	<p>To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Advil or Motrin)</p> <p>A note from my parent/guardian</p>	<p>To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Advil or Motrin)</p> <p>A note from my parent/guardian</p>	<p>To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Advil or Motrin). To have completed 24 hours of treatment. A doctor's note permitting me to return to class.</p>	<p>A copy of the discharge instructions and/or doctor's note permitting me to return to class that includes any special instructions (i.e. modification to daily program and if so for what period of time.)</p>	<p>To be feeling better and acting like I normally do.</p> <p>A note from my parent/guardian</p>