



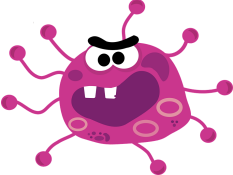




I NEED TO STAY HOME IF...

I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
						
<p>Temperature of 100.0 or higher</p>	<p>Within the past 24 hours</p>	<p>Within the past 24 hours</p>	<p>Body rash with itching or fever</p>	<p>Itchy head, active head lice</p>	<p>Redness, itching, and/or crusty drainage from eye</p>	<p>Hospital stay and/or ER visit</p>
<p>I</p>	<p>AM READY</p>	<p>TO GO</p>	<p>BACK TO</p>	<p>SCHOOL</p>	<p>WHEN I</p>	<p>AM...</p>
<p>Fever free for 24 hours without the use of fever reducing medication i.e. Tylenol, Motrin</p>	<p>Free from vomiting for 24 hours</p>	<p>Free from diarrhea for 24 hours</p>	<p>Free from rash, itching, or fever. I have been evaluated by my doctor if needed.</p>	<p>Treated with appropriate lice treatment at home and proof is provided to nurse.</p>	<p>Evaluated by my doctor and have note to return to school</p>	<p>Released by my medical provider to return to school.</p>