








## 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   |
|--|---|---|--|---|---|---|
|  |  |  |  |  |  |  |
| Temperature of 100 or higher   | Within the past 24 hours  | Within the past 24 hours  | Body rash with itching or fever  | Itchy head, active head lice  | 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<br>i.e. Tylenol, Motrin | Free from vomiting for at least 2 solid meals | Free from diarrhea for at least 24 hours | Free from rash, itching, or fever. I have been evaluated by my doctor if needed | Treated with appropriate lice treatment at home and proof is provided by the county health office | Evaluated by my doctor and have a note to return to school | Released by my medical provider to return to school |
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