




I NEED TO STAY AT HOME IF....

						
FEVER	VOMITING	DIARRHEA	RASH	HEAD LICE	EYE INFECTION	HOSPITAL STAY AND/OR ER VISIT
Temperature of 100.4 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 WORK OR SCHOOL WHEN I AM...

Fever free for 24 hours without the use of fever reducing medication 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 to nurse.	Evaluated by my doctor and have note to return to school.	Released by medical provider to return to work or school.
---	---	--	---	---	---	---