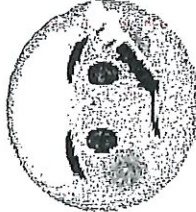


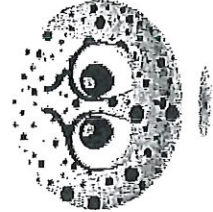


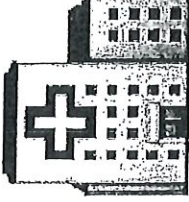


I NEED TO STAY HOME IF

I HAVE A FEVER		Temp of 100 or higher
I AM VOMITING		Within the past 24 hours
I HAVE DIARRHEA		Within the past 24 hours
I HAVE A RASH		Body rash with itching or fever
I HAVE HEAD LICE		Itchy head, active head lice
I HAVE AN EYE INFECTION		Redness, itching, and/or "crusty" drainage from eye
I HAVE BEEN IN THE HOSPITAL		Hospital stay and/or ER visit

I AM READY TO GO BACK TO SCHOOL WHEN

Fever free for 24 hours without the use of fever reducing medication. ie. Tylenol, Motrin	Fever free from vomiting for at least 24 hours without medication.	Free from diarrhea for at least 24 hours without medication.	Free from rash, itching, or fever. I have been evaluated by my doctor, if needed.	Treated with appropriate treatment at home and proof is provided to nurse.	Evaluated by my doctor and have note to return to school.	Released by my medical provider to return to school.
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