

<p>I NEED TO STAY HOME IF...</p> <p>I HAVE A FEVER</p>  <p>Temperature of 100.4 or higher</p> <p>I AM READY TO RETURN TO SCHOOL WHEN...</p> <p>fever free for 24 hours without fever reducing medication i.e. Tylenol/Motrin</p>	<p>I NEED TO STAY HOME IF...</p> <p>I AM VOMITING</p>  <p>Within the past 24 hours</p> <p>I AM READY TO RETURN TO SCHOOL WHEN...</p> <p>free from vomiting for a least 2 solid meals</p>	<p>I NEED TO STAY HOME IF...</p> <p>I HAVE DIARRHEA</p>  <p>Within the past 24 hours</p> <p>I AM READY TO RETURN TO SCHOOL WHEN...</p> <p>free from diarrhea for at least 24 hours</p>	<p>I NEED TO STAY HOME IF...</p> <p>I HAVE A RASH</p>  <p>Body rash with itching or fever</p> <p>I AM READY TO RETURN TO SCHOOL WHEN...</p> <p>free from itching or fever or evaluated by your medical provider</p>	<p>I NEED TO STAY HOME IF...</p> <p>I HAVE HEAD LICE</p>  <p>Itchy head active head lice</p> <p>I AM READY TO RETURN TO SCHOOL WHEN...</p> <p>treated with appropriate lice treatment at home</p>	<p>I NEED TO STAY HOME IF...</p> <p>I HAVE AN EYE INFECTION</p>  <p>Redness, itching and/or crusty drainage from eye</p> <p>I AM READY TO RETURN TO SCHOOL WHEN...</p> <p>evaluated by medical provider and completed first 24 hours of treatment</p>	<p>I NEED TO STAY HOME IF...</p> <p>I HAVE BEEN IN THE HOSPITAL</p>  <p>Hospital stay and/or ER visit</p> <p>I AM READY TO RETURN TO SCHOOL WHEN...</p> <p>released by medical provider to return to school</p>
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