






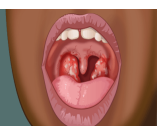





PLEASE KEEP ME HOME IF.....

I HAVE A FEVER	I AM VOMITING	I HAVE A RASH	I HAVE LICE OR NITS	I HAVE AN EYE INFECTION	I AM CONGESTED, RUNNY NOSE, COLORED DISCHARGE FROM THE NOSE & COUGH	I HAVE SYMPTOMS OF THE FLU OR A POSITIVE FLU TEST	I HAVE A SORE THROAT OR HAVE BEEN DIAGNOSED WITH STREP THROAT	I HAVE BEEN IN THE HOSPITAL	I'M JUST NOT FEELING GOOD	I HAVE DIARRHEA
										
Temperature >100 degrees	One or more times in the past 24 hours	Rash, blisters and/or sores of unknown origin	Itchy scalp, live lice or nits, excluded from school	White part of eye pink and/or discharge from the eye	Stuffy head, colored discharge and productive cough	Temperature >100, body aches and/or chills, cough, nausea, headache and fatigue.	Red sore throat with patches on tonsils, swollen glands, fever and/or rash	Hospital stay and/or emergency room visit	Unusually tired, pale, lack of appetite.	One or more loose or watery stools in 24 hours
TO RETURN TO SCHOOL I NEED:										
To be fever free without the use of Tylenol or Motrin for 24 hours.	To be free from vomiting for 24 hours	A doctor's note permitting return to school	To be brought to the nurse by my guardian to verify the student is free of lice/nits.	To have clear eyes that are not draining and have had treatment for 24 hours.	To be fever free without the assistance of Tylenol or Motrin for 24 hours.	To be fever free without the use of Tylenol or Motrin for 24 hours & a doctor's note.	To be fever free without the use of Tylenol or Motrin for 24 hours & treatment for 24 hours.	A doctor's note permitting me to return to class, including any restrictions.	To be feeling better and acting like I normally do.	To be free from diarrhea for 24 hours.