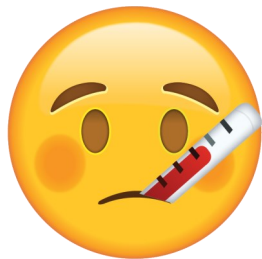








# I NEED TO STAY HOME IF...

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 100.4 OR HIGHER	WITHIN THE PAST 24 HOURS	WITHIN THE PAST 24 HOURS	BODY RASH WITH ITCHING OR FEVER	ITCHY HEAD, ACTIVE 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 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, OR HAVE BEEN EVALUATED BY MY DOCTOR, IF NEEDED	TREATED WITH APPROPRIATE LICE TREATMENT AT HOME AND PROOF IS PROVIDED	EVALUATED BY MY DOCTOR AND HAVE NOTE TO RETURN TO SCHOOL	RELEASED BY MY MEDICAL PROVIDER TO RETURN TO SCHOOL
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ANY QUESTIONS OR CONCERNS? PLEASE CALL/TEXT US DIRECTLY!