












# DAYS OF WONDER SCHOOL SICK POLICY

Please keep me home if....

<p>I have a fever</p>  <p>Temps of 100 *F and sore throat, rash, vomiting, diarrhea, earache or not feeling well</p>	<p>I am vomiting</p>  <p>Two or more times in a 24 hour period</p>	<p>I have diarrhea</p>  <p>Three or more watery stools in 24 hours</p>	<p>I have a rash</p>  <p>Body rash with itching or fever</p>	<p>I have head lice/nits</p>  <p>Itchy scalp</p>	<p>I have an eye infection</p>  <p>White parts of eye pink and/or pus draining from the eye</p>	<p>I am congested and/or have a thick constant runny nose</p>  <p>Uncomfortable stuffed up feeling</p>	<p>I have a sore throat</p>  <p>With fever or swollen glands</p>	<p>I have been diagnosed with strep or scarlet fever</p>  <p>Red sore throat with patches on tonsils, swollen glands, fever and/or rash</p>	<p>I have been in the hospital</p>  <p>Hospital stay and/or emergency room visit</p>	<p>I am just not feeling very well</p>  <p>Unusually tired and/or pale. Lack of appetite, confused and/or cranky</p>
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## TO RETURN TO SCHOOL I NEED:

To be fever free without the assistance of medication for 24 hours	To be free from vomiting for 24 hours	To be free from diarrhea for 24 hours	Rash identified and not contagious	To be nit free	To have clear eyes that are not draining	To be fever free without assistance from medicine	To be fever free without assistance from medicine	To be fever free without assistance from medicine	A copy of discharge papers or special instructions from parents/doctor	To be acting like I normally do
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**NOTE: If your student is going to be absent, please call and let Maggie Adkins know. (513)732-2111 or [maggiadkins@daysofwonderschool.org](mailto:maggiadkins@daysofwonderschool.org)**