


# PLEASE LET MY SCHOOL NURSE KNOW 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° or higher.  | Within the past 24 hours.   | Within the past 24 hours.   | Body rash with itching or fever.   | Itchy head, active head lice.   | Redness, itching, and/or pus draining from eye.                                     | Hospital stay and/or emergency room visit.  |

## I am ready to go back to school when I am...

|  |                                  |                                  |  |  |   |  |
|--|----------------------------------|----------------------------------|--|--|---|--|
| fever free without the assistance of medication for 24 hours (i.e Tylenol, Motrin, Advil). | free from vomiting for 24 hours. | free from diarrhea for 24 hours. | free from rash, itching, or fever. I have been evaluated by my doctor if needed. | treated with appropriate lice treatment at home. | free from drainage and/or have been evaluated by my doctor if needed. | released by my medical provider to return to school. |
|--|----------------------------------|----------------------------------|--|--|---|--|

If your child has strep throat or another bacterial infection, he/she should stay home until the antibiotic has been given for at least 24 hours and your health care provider has given permission for your child to return to school. We encourage you to seek medical attention when your child is sick and to follow your health care provider's recommendations about returning to school and other social activities.

**School Nurse:**

**Phone:**

**Email:**