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			
The state of the s		00							
Temperature of 100.3 or higher	hours	Within the past 24 hours	itching or fever	Active Head Lice	Drainage 0r "crusty" eyelids when waking up	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 24 hours. Also should have tolerated at least 2 solid meals.	Free from diarrhea for at least 24 hours.	Free from rash, itching, or fever. I have been Evaluated by my doctor if needed.	Treated with appropriate lice treatment at home	When no further drainage is noted, no crusting upon waking up.	Released by my medical provider with a note to return to school.			