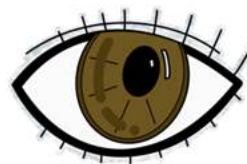


I NEED TO STAY HOME IF...



fever

vomiting

diarrhea

rash

**eye
infection**

**hospital
stay/ ER
visit**

temperature
of 100.4 or
higher

within the
past 24 hours

within the
past 24 hours

body rash
with itching or
fever

redness,
itching and/or
"crusty"
drainage from
eye

hospital stay
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

Free from
vomiting for at
least 2 solid
meals

Free from
diarrhea for at
least 24 hours

Free from rash
itching or fever.
I have been
evaluated by a
doctor, if
needed.

Evaluated by a
doctor and
released to
return to school

Released by a
medical
provider to
return to school

THANK YOU FOR RESPECTING MY WORK.

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