




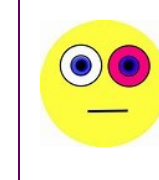







Monroe Township School District  
Guidelines for Keeping Sick Children Home from School

Please keep me home if...

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

To Return to School I need:

To be fever free without assistance of medication for 24 hours (i.e Tylenol, Motrin, Advil)	To be free from vomiting for 24 hours	To be free from diarrhea for 24 hours		To be brought to the school nurse by my parent/guardian	To have clear eyes that are not draining. To have completed 24 hours of treatment	To be fever free without assistance of medication for 24 hours (i.e Tylenol, Motrin, Advil)	To be fever free without assistance of medication for 24 hours (i.e Tylenol, Motrin, Advil)	To be fever free without assistance of medication for 24 hours	A copy of discharge instructions and or doctor's note permitting me to return to class that includes any special instructions, (Modifications to daily program and period of time)	To be feeling better and acting like I normally do
A note from my parent/guardian	A note from my parent/guardian	A note from my parent/guardian	A doctor's note permitting me to return to school	Prior to returning to class	A doctor's note permitting me to return to school	A note from my parent/guardian	A note from my parent/guardian	A note from my parent/guardian		A note from my parent/guardian

If I show any of the above signs of illness at school, it will be necessary to pick me up at school. Please keep all **emergency contact information up to date**. If I should become ill or injured at school I need to be able to contact you.