

# I NEED TO STAY HOME IF.....

I HAVE A FEVER		Temperature of 100.1 or higher
I AM VOMITING		Within the past 24 hours
I HAVE DIARRHEA		Within the past 24 hours
I HAVE A RASH		Body rash with itching or fever
I HAVE HEAD LICE		Itchy head, active head lice
I HAVE AN INFECTION		Redness, itching, and/or "crusty" drainage from eye
I HAVE BEEN IN THE HOSPITAL		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 2 solid meals	Free from diarrhea for at least 24 hours	Free from rash itching, or fever. If needed I have been evaluated by my doctor	Treated with appropriate lice treatment at home and proof is provided	Evaluated by my doctor and have note to return to school	Released by my medical provider to return to school
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# 我需要在家休息，如果。。。。。

我发烧了		体温在 100.1 华氏度或者更高
我吐了		在过去的 24 小时之内
我腹泻了		在过去的 24 小时之内
我出皮疹了		身体有皮疹伴随瘙痒或者发烧
我有头虱		头痒，有活的头虱
我有眼部感染		眼红，痒/干燥，或流泪
我去医院了		住院/看急诊

# 我已经准备好回学校上课了当我。。。的时候

24 小时内不用退烧药的情况下体温保持正常 例如：泰诺、布洛芬等	在至少进食两餐固体食物后没有呕吐现象	至少 24 小时没有腹泻发生	不再有皮疹瘙痒或发烧的情况。必要情况下出具医生的评估报告	在家经过正确的头虱处理并通过校 检查	医生开具返校证明	医院开具返校证明
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