

Linden Public Schools

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 and Scarlet Fever	I have been in the Hospital	I am just not feeling that good
										
Temperature of 100 F and 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 pink and/or pus draining from the 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 the assistance of medication for 24 hours (i.e., Tylenol, Motrin, Advil) A note from my Parent/ Guardian	To be free from vomiting for 24 hours A note from my Parent/ Guardian	To be free from diarrhea for 24 hours A note from my Parent/ Guardian	Rash to be gone OR A note from my Parent/ Doctor	To be brought to the School Nurse by my Parent/ Guardian BEFORE returning to class	To have clear eyes that are not draining. To have completed 24 hours of treatment OR A doctor's note permitting me to return to class	To be fever free without the assistance of medication for 24 hours (i.e., Tylenol, Motrin, Advil) A note from my Parent/ Guardian/ Doctor	To be fever free without the assistance of medication for 24 hours A note from my Parent/ Guardian	To be fever free without the assistance of medication for 24 hours To have completed 48 hours of treatment A doctor's note permitting me to return to class	A copy of the discharge instructions and/or doctor's note permitting me to return to class that includes any special instructions (i.e., modifications to daily program and if so for what period of time)	To be feeling better and acting like I do normally 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.