

I NEED TO STAY HOME WHEN



Fever

Vomiting

Diarrhea

Rash

Infection

**Hospital stay or
ER visit**

**Temperature of
100.4 or higher**

**Within the past
24 hours**

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24 hours**

**Body rash or
itching with fever**

**Ex: Strep throat
or eye infection**

**Have been in the
hospital or
emergency room**

I AM READY TO GO BACK TO SCHOOL WHEN I AM

**Fever free for 24
hours without the
use of
medications**

**Free from
vomiting for 24
hours**

**Free from
diarrhea for 24
hours**

**Free from rash
or fever and have
been evaluated by
a doctor as
needed**

**Evaluated by a
medical provider
and released back
to school**

**Released by a
medical provider
to return to
school**