I NEED TO STAY HOME IF...

I HAVE SYMPTOMS OF COVID-19 or INFLUENZA	I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
		52		(0,0)			
TEMPERATURE OF 100.4 F OR HIGHER, COUGH, SHORTNESS OF BREATH OR DIFFICULTY BREATHING, FATIGUE, MUSCLE OR BODY ACHES, HEADACHE, RUNNY NOSE, SORE THROAT, LOSS OF TASTE OR SMELL, NAUSEA, VOMITING OR DIARRHEA.	TEMPERATURE OF 100.4 F OR HIGHER	WITHIN THE PAST 24 HOURS	WITHIN THE PAST 24 HOURS	BODY RASH WITH ITCHING OR FEVER	ITCHY HEAD, ACTIVE HEAD LICE	REDNESS, ITCHING AND/OR PUS DRAINING FROM EYE	HOSPITAL STAY AND/OR EMERGENCY ROOM VISIT

I am ready to go back to school when I am...

*14 days past exposure to	Fever free	Free from	Free from	Free from rash,	Treated with	Free from	Released by my
COVID-19. OR	without the	vomiting for 24	diarrhea for 24	itching, or fever. I	appropriate lice	drainage and/or	medical provider to
*10 days past positive	assistance of	hours	hours	have been	treatment at	have been	return to school.
COVID-19 test AND	medication for			evaluated by my	home.	evaluated by my	
symptoms are improving	24 hours (i.e.			doctor if needed.		doctor if needed.	
for 3 consecutive days.	Tylenol,						
Fever free without the	Motrin, Advil,						
assistance of medication	etc.)						
for 24 hours.							

If your child has strep throat or another bacterial infection, he/she should stay home until the antibiotic has been given for at least 24 hours and your health care provider has given your child permission to return to school. We encourage you to seek medical attention when your child is sick and to follow your health care provider's recommendations about returning to school and other activities.

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