

Trussville City Schools Student Health Guidelines



I NEED TO STAY HOME IF...

I HAVE A FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE STREP THROAT OR	I HAVE AN ACUTE RASH	I HAVE AN EYE INFECTION	I HAVE HEAD LICE	I HAVE THE FLU OR FLU LIKE	I HAVE BEEN IN THE HOSPITAL
I have a temperature of 100* F, sore throat, rash, vomiting, diarrhea, earache, or not feeling well.	I have vomited two or more times in 24 hours.	I have had three or more watery stools in 24 hours.	I have a Dr.'s diagnosis, red sore throat with patches on tonsils, swollen glands, fever, and/or rash.	I have an acute rash with itching and/or fever.	The white part of my eye is pink and/or has pus like drainage from the eye.	Itchy head with active/live head lice.	I have a Dr.'s diagnosis with flu symptoms (cough, congestion, aches, fever, etc...)	I have had a hospital stay and/or an emergency room visit.

I am ready to go back to school when I

Fever free WITHOUT the assistance of fever reducing medication such as Tylenol or Advil for 24 hours. A note from parent/guardian or doctor.	Free from vomiting for 24 hours. A note from parent/guardian or doctor.	Free from diarrhea for 24 hours. A note from parent/guardian or doctor.	Fever free WITHOUT the assistance of fever reducing medication for 24 hours and completed at least 24 hours of treatment. A doctor's note permitting me to return to school.	Free from rash, itching, and fever. I have been evaluated by my doctor if needed. A note from parent/guardian or doctor.	Free from drainage and evaluated by my doctor if needed. Completed at least 24 hours of treatment. A note from parent/guardian or doctor.	Treated with appropriate lice treatment and live head lice are no longer present. A note from parent/guardian or doctor.	Fever free WITHOUT the assistance of fever reducing medication for 24 hours, and it has been at least five days from diagnosis. A doctor's note permitting me to return to school.	A copy of discharge instructions and/or doctor's note permitting me to return to school with general instructions.
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