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| --- | --- | --- | --- | --- | --- |
| **I HAVE A****FEVER** | **I AM****VOMITING** | **I HAVE****DIARRHEA** | **I HAVE A****RASH** | **I HAVE AN****EYE INFECTION** | **I HAVE BEEN TO THE****HOSPITAL OR DR.** |
|  |  |  |  |  |  |
| **TEMPERATURE OF 100.0****OR HIGHER OR****Positive for FLU\*COVID\*\*** | **WITHIN THE PAST 24 HOURS** | **WITHIN THE PAST 24 HOURS** | **BODY RASH WITH ITCHING OR FEVER** | **REDNESS, ITCHING, AND/OR “CRUSTY” DRAINAGE FROM EYE** | **HOSPITAL STAY AND OR ER/DR VISIT and am not cleared to return** |
| **I AM READY TO GO BACK TO SCHOOL WHEN I AM…** |
| **FEVER FREE FOR 24 HOURS WITHOUT THE USE OF FEVER REDUCING MEDICATIONS****I.E. MOTRIN OR TYLENOL. If you are Positive for the flu see\*** | **FREE FROM VOMIT FOR 24 HOURS AND BE ABLE TO HOLD DOWN AT LEAST 2 SOLID MEALS** | **FREE FROM DIARRHEA FOR 24 HOURS. STOOLS HAVE RETURNED TO NORMAL AND FEVER IS GONE** | **FREE FROM RASH, ITCHING OR FEVER. I HAVE BEEN EVALUATED BY MY DOCTOR IF NEEDED** | **EVALUATED BY MY DOCTOR AND HAVE A NOTE TO RETURN TO SCHOOL. 24 HOURS OF DROPS HAVE BEEN GIVEN IF PERSCRIBED** | **RELEASED BY MY MEDICAL PROVIDER TO RETURN TO SCHOOL AND A PHYSICIAN’S NOTE ACCOMPANIES THE CHILD TO SCHOOL** |

\*Kansas Department of Health & Environment (KDHE) rules say a child positive for the flu cannot return to school until 5 days after the onset of the first symptom or 24 hours fever free without the aid of fever reducing medications, whichever is longer.

\*\* COVID Day 0 is the first day of symptoms or the day of testing if asymptomatic**. The student must remain out of school for 5 days**

They need to be fever free for 24 hours *without the use of medication* and symptoms have improved.