












# PTFK Illness Guidelines

## Keep Me Home If....

I am not feeling well	I am congested with a runny nose	I have a sore throat	I have a fever	I am vomiting	I have diarrhea	I have a rash	I have lice/nits	I have an eye infection	I have been to the hospital	I have an infection or virus
										
I am pale, cranky, not myself I didn't sleep last night. I don't want to eat	My nose is constantly running and I am not comfortable	My throat is red. I don't want to eat or drink. I am rubbing my neck	My temperature has been above 100° in the last 24 hours	I have vomited in the last 24 hours	I have had watery stools in the last 24 hours	My skin is -itchy -red -raised -bumpy	My scalp is itchy. There are nits or lice in my hair	My eyes are swollen, red and watery with discharge	I went to the emergency room or stayed overnight at the hospital	I am not healthy enough to be in school all day

## I Can Go Back To School If I am not taking Tylenol or other medications AND.....

I am feeling better and acting like myself again	I am more comfortable, sleeping well, and my nose does not need to be cleaned constantly throughout the day	I am not complaining that my throat hurts and I do not have any other symptoms	I have not had a fever for at least 24 hours, I'm not taking Tylenol, and I do not have any other symptoms	I have not vomited in at least 24 hours and I am able to eat normally	I have had normal stools for at least 24 hours and I am able to eat normally	My rash has improved and I have a Dr note that I can return to school	I have had at least 1 lice treatment and my scalp has been checked for lice and nits	My eyes have improved and I have a Dr note that I can return to school	I can eat normally and participate in school activities. I have a Dr note that I can return to school	I am feeling better and acting like myself again. I have a Dr note that I can return to school
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