Medical and Safety Information

* Immunization records and physicals are due prior to the first day of school.
* All medication to be given at school requires a parent and Physician permission form. Please hand medication directly to the school nurse.
* Please notify the nurse of all medication, food, insect/animal and environmental allergies.
* If your child has a fever 100.0 degrees F or above and/or vomiting, keep him/her at home. He/she may return to school 24 hours after the fever/vomiting has resolved without medication.
* Please send in a note from your child’s physician if he/she cannot participate in gym/recess. They will need a note to return to full activity as well.
* Please send your child to school in closed toe shoes/sneakers so they can play on the gym/playground equipment.
* Please consider sending in an extra set of clothing in your child’s backpack for bathroom accidents, spills or wet playgrounds.

 I NEED TO STAY HOME IF…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  I have a feverhttps://lh3.googleusercontent.com/8vT8g9OhxG7_Xq6fVlEfDJOO_9HV1-Gy4XL3gPVAOb-ew5LX4kZgk8tYkGgiHJHlBS0cIqpK79JjEeayInrjrE_bDX-sRDoLuxCnhxSVbvy2nKKzWFH05a0aXVLFZNuhax38_ha-laWTyw200wuv-FcTemperature of 100.0 or higher | I am vomitinghttps://lh4.googleusercontent.com/xfBHIFQTaD7eCsWTfdh5xiGW4PLbQ2rVgQn6WjO3De4OnOMXjQ78isgu0Hjf6k4nyiUP9_GQO5I9ZJZd6cDDQDpscnAk0C76uzKp8jr6R3OCJEfy7qnPjSK9yjglw1lUBu0e3beXhZTh5wB0ad_TZEwWithin the past 24 hours | I have diarrheahttps://lh5.googleusercontent.com/ltG1Fik-8cSTBSlICxi3U75x3cLe1SDrU7y_zgP8-5Z-lliOV_ekVanzOQKPra1FsMyIoJMHlR1ECB-6LwUVxcYMpkhM4jdSPy3i5cO4pYUODcrVi12ioy4HoAzU_ivTiHfXtleFoTZ98bQyRs1zCoAWithin the past 24 hours | I have a rashhttps://lh4.googleusercontent.com/Xlr5Dd66_m4Ql4bwioYf3N6c25WoHkEpgrd6Sg1U2aviAOhQ3MVwD06oPaUnY-6FHDXWrib_qiOF2jjHrxhN8dpbGlUezwQSyKMgqce2vi2q6NNNDRUj1RfSWMwaM_t1Yt5cKMbnDCHWYro7n8SId2UBody rash with itching and fever | I have an eye infectionhttps://lh3.googleusercontent.com/bEekrSxEDzd_XscHaCGvHbppSfZgP8RqMM7qUITubfxUn0047sYjWAcDhhPuWaQnNoyyhpaoCBIEb_FKRYCMKXaVxpP2sdaATaa74DWEkJHiCgFsbt9qiEKlvnjLuChpoLDCJUA_3aTP-Kky2ltfWuARedness, itching and or drainage from the eye | I have been in the hospitalhttps://lh4.googleusercontent.com/5SMS2jNJwxgBNJIfFcaVj-DYbMaYLUJFJhbo58QXc5hSAu4YIHBsIHuCmphNKpwMfaZVPRN2H-RpWxfLd9CGW-pYnQxRVXcdGcuy5UVpa99gkjh_yZVf02mVZ-UZRa9MCRADXVwE5Ulo_8ADo2obZhcHospital stay and/or ER visit |

 I AM READY TO RETURN TO SCHOOL WHEN…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fever free for 24 hours without fever reducing medicationi.e. Tylenol/Motrin | Free from vomiting for at least 24 hours | Free from diarrhea for at least 24 hours | Free from itching or fever or evaluated by your medical provider | Evaluated by medical provider and completed 24 hours of treatment | Released by medical provider to return to school with release form |