



NOTIFICATION – ILLNESS

SCHOOL	SCHOOL ADDRESS
STUDENT NAME	DATE OF BIRTH

CHECK SELECTION BELOW

Your child was ill today at school. Below are the symptoms your child was displaying and requirements for his/her return to school.

Fever – 100.0° or higher

- May return to school 24 hours after the last episode of fever or with a note from a health care provider releasing your child back to school.
- May return to school on _____ if symptoms subside.

Vomiting – two or more times at school

- May return to school 24 hours after the last episode of vomiting or with a note from a health care provider releasing your child back to school.
- May return to school on _____ if symptoms subside.

Diarrhea – two or more times at school

- May return to school 24 hours after the last episode of diarrhea or with a note from a health care provider releasing your child back to school.
- May return to school on _____ if symptoms subside.

Mouth Sores – only if there is a risk of transmitting (through aggression, drooling, spitting, etc.) infection to others

- May return to school once mouth sores have healed or with a note from a health care provider releasing your child back to school. The note from the health care provider must describe the type of mouth sores and any necessary precautions.

Eye – drainage, redness or pain

- May return to school 24 hours after treatment is initiated or last episode of drainage, redness and/or pain, or with a note from a health care provider releasing your child back to school.

Wounds or Sores – redness, drainage or pain – only if there is a risk of transmitting infection to others (through drainage or direct contact)

- May return to school when able to keep the wound or sore covered at all times while at school and on the bus. A note from a health care provider is requested that includes any wound or sore care and infection information.

Other:

If you have any questions or concerns regarding your child’s symptoms, please contact your child’s health care provider for input on how to proceed with this matter. If you would like more details on this notification, please call _____.

SIGNATURE OF SCHOOL NURSE	DATE
SIGNATURE OF BUILDING ADMINISTRATOR	DATE

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