






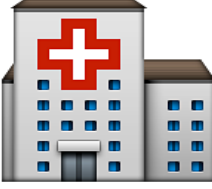


TOPEKA COLLEGIATE EXCLUSION POLICY

I NEED TO STAY HOME IF.....

FEVER	SEVERE COUGH	VOMITING	DIARRHEA	I HAVE A RASH	HEAD LICE	CONJUNCTIVITIS	HOSPITAL
							
<p>Temp of 99.6 or above with sore throat, headache, nausea, coughing/sneezing and/or other symptoms. **100.4 or above w/no symptoms**</p> <p style="text-align: center;">I CAN RETURN TO SCHOOL WHEN</p> <p style="text-align: center;">↓</p>	<p>Severe cough – red or blue in the face or cough is high-pitched “croupy” or “whooping” (seals barking)</p> <p style="text-align: center;">I CAN RETURN TO SCHOOL WHEN</p> <p style="text-align: center;">↓</p>	<p>**within the past 24hrs</p> <p style="text-align: center;">I CAN RETURN TO SCHOOL WHEN</p> <p style="text-align: center;">↓</p>	<p>**diarrhea and/or loose and/or watery stools within the past 24hrs.</p> <p style="text-align: center;">I CAN RETURN TO SCHOOL WHEN</p> <p style="text-align: center;">↓</p>	<p>Infected areas of the skin – yellow, crust, dry area or rash Ex. Impetigo, ringworm, etc.</p> <p style="text-align: center;">I CAN RETURN TO SCHOOL WHEN</p> <p style="text-align: center;">↓</p>	<p>Severe itching of the body or scalp or constant scratching of the scalp Ex. Lice or scabies</p> <p style="text-align: center;">I CAN RETURN TO SCHOOL WHEN</p> <p style="text-align: center;">↓</p>	<p>“Pink Eye” Inflammation in one or both eyes, swelling of the eyelids w/redness and/or purulent discharge.</p> <p style="text-align: center;">I CAN RETURN TO SCHOOL WHEN</p> <p style="text-align: center;">↓</p>	<p>Hospital stay or ER visit.</p> <p style="text-align: center;">I CAN RETURN TO SCHOOL WHEN</p> <p style="text-align: center;">↓</p>
<p><u>Free of fever for 24hrs</u> **without the use of medications**</p>	<p><u>Symptom free AND physician’s written approval to return to school</u></p>	<p><u>Free of vomiting for 24hrs</u> **without the use of medications**</p>	<p><u>Free of diarrhea for 24hrs</u> **without the use of medications**</p>	<p><u>Excluded until treatment has been initiated AND physician’s written approval to return</u></p>	<p><u>Excluded until treatment has been initiated INCLUDING free of live lice.</u></p>	<p><u>Excluded 24hrs after treatment has been initiated AND physician’s written approval to return</u></p>	<p><u>Physician’s written approval to return</u></p>