






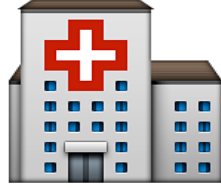










TOPEKA COLLEGIATE EXCLUSION POLICY

I NEED TO STAY HOME IF.....

| FEVER | SEVERE COUGH | VOMITING | DIARRHEA | I HAVE A RASH | HEAD LICE | CONJUNCTIVITIS | HOSPITAL |
|--|---|--|---|---|---|--|---|
|  |  |  |  |  |  |  |  |
| <p><u>99.6 oral temp or above</u> w/sore throat, headache, nausea, coughing/sneezing and/or other symptoms. <u>**100.4 or above w/no symptoms</u></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 <u>“croupy” or “whooping”</u> <u>(seals barking)</u></p> <p style="text-align: center;">I CAN RETURN TO SCHOOL WHEN</p> <p style="text-align: center;"></p> | <p><u>**within the past 24hrs</u></p> <p style="text-align: center;">I CAN RETURN TO SCHOOL WHEN</p> <p style="text-align: center;"></p> | <p><u>**diarrhea and/or loose and/or watery stools within the past 24hrs.</u></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 48hrs</u> <u>**without the use of medications**</u></p> | <p><u>Symptom free AND physician’s written approval to return to school</u></p> | <p><u>Free of vomiting for 48hrs</u> <u>**without the use of medications**</u></p> | <p><u>Free of diarrhea for 48hrs</u> <u>**without the use of medications**</u></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> |