

COLLINSVILLE UNIT SCHOOL DISTRICT #10
PRACTICE REGARDING EXCLUSION FROM SCHOOL FOR ILLNESS

DATE: _____ STUDENT: _____ TEACHER: _____

Your child was assessed today and found to have SYMPTOMS of the below marked disease.

Please follow the guidelines indicated before returning the student to school.

__**ALLERGIC CONJUNCTIVITIS**-(caused frequently from allergies) May return to school immediately with confirmation from doctor.

__**CHICKEN POX***-Exclusion from school for sick child for at least 5 days after the eruption of the last vesicles or until all lesions are dry and scabbed over.

__**COMMON COLD**-Cases need not be excluded from school unless fever of 100 degrees F or greater is present.

__**CONTAGIOUS CONJUNCTIVITIS** (Pink eye)-Exclusion from school until 24 hours after treatment begins or written permission from the doctor to return to school.

__**FEVER**-Fever is considered to be 100 degree F or greater. Exclusion from school until the student is **fever-free** for 24 hours without fever-reducing medications.

__**GASTROENTERITIS, VIRAL**-Exclusion from school until 24 hour absence of **diarrhea, vomiting, and fever** 100 degree F or greater.

__**GERMAN MEASLES** (3 days)*-Exclusion for 4 days after appearance of rash and with written release from the doctor.

__**HEPATITIS A VIRUS***-Exclusion from school until written release from doctor is obtained.

__**IMPETIGO**-Exclusion from school until sores are healed over without drainage or with permission from the doctor to return to school 24 hours after treatment begins. Note: Lesions must be covered while in school when possible.

__**INFLUENZA (FLU)**-Exclusion from school until absence of fever (fever is 100 degree F or greater) for 24 hours.

__**MEASLES***-Exclusion from school and student must be isolated until 4 days after appearance of rash. A written release from the doctor must be presented for the student to return to school.

__**MUMPS***-Exclusion until swelling has subsided and with written release from the doctor.

__**MENINGITIS, VIRAL***-Exclusion from school until absence of fever and with written release from the doctor.

__PEDICULOSIS (HEAD LICE)-Exclusion from school until effective treatment is received and student shows NO evidence of nits (eggs) or live lice in the hair. This should take no longer than 3 days absence. See school health staff or principal upon return to school for head check.

__PINWORMS-Exclusion from school until 24 hours after first treatment confirmed. Written verification from doctor to return to school. Practice good/frequent handwashing.

__RINGWORM-Exclusion from school until 24 hours after treatment begins with written verification from the doctor or evidence of over-the-counter antifungal treatment has been initiated.

__SCABIES-Exclusion from school until 24 hours after the first scabicide treatment confirmed. Written verification from the doctor to return to school.

__STREP THROAT and SCARLET FEVER*-Exclusion from school until 24 hours after treatment (antibiotic) begins with written permission from the doctor to return to school, provided that fever is absent without fever-reducing medications for 24 hours.

__STAPH and MRSA*-Exclusion from school for minimum of 48 hours after antibiotic treatment has begun and lesions are closed or completely covered. Student must practice good frequent hand hygiene. *Must have doctor written permission to return to school.*

__OXYGEN SATURATION-Fingertip pulse oximetry may be used as a tool for asthmatic episodes, coughing episodes, choking episodes, and/or allergic reaction episodes. *Healthy Saturation Levels 95-100%*. If fingertip pulse oximeter indicates an oxygen saturation level *below 95%* that does not improve after medication, the student must be sent home and encouraged to call/visit physician or visit ER.

COMMENTS: _____

PLEASE NOTE: Upon returning to school following communicable disease exclusion, student must report to the school healthcare professional or principal before returning to class.
A doctor's note explaining absence from school is recommended.

Illnesses noted with (*) require mandated reporting to Madison County Health Department by Physician/ER/school staff.

Health Staff Signature _____, Phone _____
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