

Union City Day Care Program




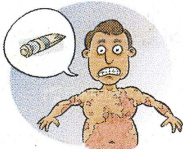

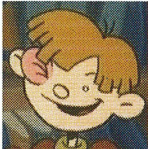



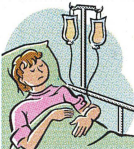

219-47 Street
 Union City, NJ 07087
 (201) 348-2754 Fax (201) 392-0833

Guidelines for Keeping Sick Children Home from School

Union City Early Childhood

Learning Center
 510-35th Street
 Union City, NJ 07087
 201) 558-0117 Fax (201) 558-0123

Please keep me home if...

I have a fever	I am vomiting	I have diarrhea	I have a rash	I have head lice/nitts	I have an eye infection	I am congested and/or have a thick constant runny nose	I have a sore throat	I have been diagnosed with strep throat or scarlet fever	I have been in the hospital	I'm just not feeling very good
										
Temperature of 100.4F and sore throat, rash, vomiting, diarrhea, earache, or not feeling well.	Two or more in a 24 hour period,	Three or more watery stools in a 24 hour period.	Body rash with itching or fever	Itchy scalp	White part of eye pink and/or pus draining from eye	Uncomfortable stuffed-up feeling and/or runny nose.	With fever or swollen glands.	Red sore throat with patches on tonsils, swollen glands, fever, and/or rash.	Hospital stay and/or emergency room visit	Unusually tired and/or pale. Lack of appetite, confused, and or cranky.

To Return to School I need...

To be fever free without the help of medication for 24 hours (i.e. Tylenol, Motrin, Advil) A note from my parent or guardian.	To be free from vomiting for 24 hours. A note from my parent or guardian.	To be free from diarrhea for 24 hours A note from my parent or guardian.	A doctor's note permitting me to return to school.	To be brought to the school nurse by my parent or guardian prior to returning to class.	To have clear eyes that are not draining. To have completed 48 hours of treatment. A doctor's note allowing my return to class.	To be fever free without help of medication for 24 hours. (i.e. Tylenol, Advil or Motrin). A note from my parent or guardian or Doctor.	To be fever free without the help of medication for 24 hours. A note from my parent or guardian.	To be fever free without the help of medication for 24 hours. To have completed 24 hours of treatment, A doctor's note allowing my return to class.	A copy of the discharge instructions and/or doctor's note permitting my return to class that includes any special instructions (modifications to daily program and for period of time.)	To be feeling better and acting like I normally do. A note from my parent or guardian.
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IF I SHOW ANY OF THE ABOVE SIGNS OF ILLNESS AT SCHOOL, IT WILL BE NECESSARY TO PICK ME UP AT SCHOOL. PLEASE KEEP ALL EMERGENCY CONTACT INFORMATION UP TO DATE, IF I SHOULD BECOME ILL OR INJURED AT SCHOOL I NEED TO BE ABLE TO CONTACT YOU.