

Chicken pox:

Readmit after the lesions become dry or if lesions are not vesicular (raised, fluid filled), until 24 hours have passed with no new lesions occurring.

Conjunctivitis (bacterial and/or viral): Readmit after receiving physician permission to return or until symptom free.

Diarrhea/Gastroenteritis:

Readmit when diarrhea free for 24 hours without the use of diarrhea-suppressing medications.

Fever (100F or greater):

Readmit when the child is free of fever for 24 hours without the use of fever-suppressing medications.

Hepatitis, viral type A:

Readmit after 1 week from onset of illness. Immune globulin should be given en to household contacts. If more than one case occurs in a school, immune globulin should be considered for all children and parents involved.

Impetigo/Staph:

Readmit when prescription medication treatment has begun.

Influenza:

Readmit when symptoms subside, and the child has been free of fever for 24 hours.

Measles (rubeola):

Readmit after 4 days from rash onset. In an outbreak, unimmunized children should also be excluded for at least 2 weeks after last rash onset occurs. Report suspect cases immediately to local health department.

Meningitis, bacterial:

Readmit after a physician's certificate or health permit is obtained. Depending on which bacteria are causing the illness, prophylactic antibiotics may be recommended for family members. Occasionally, close contacts at a school are also treated.

Meningitis, viral (Aseptic meningitis):

Rarely serious; usually caused by common viruses such as herpes simplex, adenovirus, or coxsackie virus. Investigation of contacts and source of infection usually not indicated. Readmit to school if no fever

Pertussis (whooping cough):

Readmit after 5 days of antibiotic therapy. Unimmunized contacts should be immunized and receive antibiotic prophylaxis. Report suspected cases immediately to local health department.

Pink Eye-Conjunctivitis (bacterial and/or viral):

Readmit after a physician's certificate or health permit is obtained or after prescription medication has been initiated.

Ringworm of the scalp:

Readmit after 24 hours from time prescription medication has begun.

Ringworm of the skin:

Readmit if infected area can be completely covered by clothing/bandage; otherwise exclude until treatment has begun.

Salmonellosis:

Readmit when diarrhea subsides.

Scabies:

Readmit when treatment has begun. Careful examination of close contacts required to identify early infection. Household members should be treated prophylactically.

Shigellosis:

Readmit when diarrhea subsides.

Staph/Impetigo:

Readmit when prescription medication treatment has begun.

Streptococcal sore throat and scarlet fever:

Readmit after 24 hours from time antibiotic treatment began.

Tuberculosis, pulmonary:

Readmit after antibiotic treatment has begun, and a physician's certificate or health permit is obtained. All classroom contacts should have TB skin tests. Antibiotic prophylaxis indicated for newly positive reactors.

Tuberculosis skin test, positive:

If the student has a reactive skin test and is symptomatic of TB, he/she will not be admitted to school until documentation of the chest X-ray is submitted to the school. Admit to school with documentation of a negative chest X-ray or proof of a scheduled appointment for a chest X-ray. Documentation of a negative chest X-ray and evaluation for preventive therapy must be presented to the school after the appointment.

Vomiting/Gastroenteritis:

Readmit when vomiting subsides for 24 hours.