



EXCLUSION FOR ILLNESS or MEDICAL CONDITION

Date _____

School _____

Student _____

Parent/Guardian _____

Exclusion for Illness *Your child is exhibiting one or more of the following signs/symptoms. He/she may have a communicable disease or a condition that requires treatment.*

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Acute cold symptoms
<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Difficulty breathing
<input type="checkbox"/> Earache
<input type="checkbox"/> Impaired level of consciousness <ul style="list-style-type: none"> • Reduced alertness • Stupor (unaware of surroundings) • Syncope(fainting) <input type="checkbox"/> Irritability/ persistent crying
<input type="checkbox"/> Lethargy (sluggishness, profound drowsiness)
<input type="checkbox"/> Nausea/vomiting
<input type="checkbox"/> Persistent cough | <input type="checkbox"/> Rash that is accompanied by a behavior change
<input type="checkbox"/> Rash that is accompanied with a fever
<input type="checkbox"/> Rash that is oozing
<input type="checkbox"/> Red inflamed or discharging eyes (non-allergic)
<input type="checkbox"/> Running nose (non allergic)
<input type="checkbox"/> Sore throat
<input type="checkbox"/> Sores with ongoing fluid drainage, or blisters with yellow odorous pus
<input type="checkbox"/> Suspected Infestations (Head lice, Bedbugs, Scabies, Pinworms)
<input type="checkbox"/> Temperature 100.4 or greater
<input type="checkbox"/> Toothache
<input type="checkbox"/> Suspected Impetigo
<input type="checkbox"/> Suspected Ringworm
<input type="checkbox"/> Swollen glands under/around jaws, ears, or neck |
|---|--|

Other signs/symptoms that suggests acute illness _____

Your child needs to stay at home until one of the following is met:

- Signs and symptoms are gone
- 24 hours of treatment are completed
- You bring this form or a Doctor's or Dentist's note that states he/she may return to school

Exclusion for Medical Condition

Your child is exhibiting one or more of the following signs/symptoms following a surgery, injury or extended illness.

(check all that apply)

- Surgical incision is inflamed or swollen
- Surgical incision has opened up(dehiscd)
- Temperature 100.4 or greater
- Student is verbalizing severe pain(8-10 on Wong Baker pain scale), which interferes with his/her ability to sit, stand or walk at school
- Is not able to verbalize severe pain, but is showing nonverbal signs of pain(scores 4 or greater on the checklist for nonverbal indicators)
- Is sedated such that he/she is not able to participate meaningfully in activities or academic work

Your child needs to stay at home until his/her condition has been re-evaluated by your Medical Provider and this form has been returned to the school.

Medical Provider

_____, is ready to return to school under the following circumstances:

Medical Provider's Signature

Date

If this student requires OTC(non-sedating) medication while at school, sign the Medication Authorization on the back of this form

Signature of Principal or Designee _____