

Board of Education Ann Corwin Mike Blessing Robert Gleisberg Adrianne Hakes, Ed.D. Emily Ortiz Wichmann

Duane Coleman, Ed.D., Superintendent

HEALTH AND SAFETY GUIDELINES

In accordance with Board Policy 5142, the following guidelines have been established to provide a safe school environment that is conducive to learning and ensure student safety and the prevention of student injury.

Please refer to the following guidelines to determine if your child's needs would be best met by coming to school or staying at home. All students benefit from a healthy classroom environment and are most successful when rested and feeling good. Thank you for your assistance.

| Send to School | | |
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| | Fever free for 24 hours without fever medication | |
| | No vomiting in the last 24 hours | |
| | No diarrhea in the last 24 hours | |
| | Minor cold symptoms | |
| | Asthma responsive to medication | |
| Ц | With a doctor's clearance following hospitalization, orthopedic injury or communicable disease | |
| Orthopedic Protocol - All ace wraps, braces, splints, casts, and crutches must have a note from the medical provider or the school site certified athletic trainer. Students with casts and crutches will not be allowed to actively participate in playground/PE activities because of the potential danger to the student and others. High school athletes will follow the direction of certified athletic trainer for physical activities. | | |
| Ke | eep at Home | |
| | Fever in the last 24 hours | |
| | Vomiting in the last 24 hours | |
| | Diarrhea in the last 24 hours | |
| | Signs of illness that interfere with learning, sleep, activity or play | |
| u | Cold symptoms such as frequent coughing and or nasal discharge that do not respond to medication. | |
| <u>Se</u> | See Health Practitioner and Keep Home | |
| | Complaints of ear pain or drainage from ears | |
| | Nasal discharge which persists over 14 days duration | |
| | Persistent sore throat with fever or rash | |
| | Undiagnosed skin rash or sores with redness, swelling, or fluid | |
| | Redness of the eye with discharge or swelling | |
| | Asthma not responding to medication, peak flow 50% or less, or treatment required more than every 4 hours. | |