

When should I keep my child home from school?



Questions to consider-

Does the illness keep the child from comfortably taking part in school activities?

Could other children get sick from being near my child?

Common illnesses and things to consider when keeping a child home or sending them to school.

Illness/symptom	Precaution	School exclusion
Common cold	Encourage child to cover cough and practice good hand hygiene	No exclusion.
Pink eye (pink/red conjunctiva with white/yellow eye drainage that may be matted after sleep)	Encourage good hand hygiene, discourage child from touching/rubbing eyes.	School exclusion will be at the discretion of the school. Refer to health care provider's advice if seen. Is usually self-limiting, if trend is seen among classmates transmission rates may be higher and require exclusion until 24 hours of antibiotic treatment is completed.
Fever (temperature above 101 orally, above 102 rectally, or 100 or higher when taken in arm pit)	Watch for additional symptoms.	Fever alone is not an exclusion factor but present in addition to cough, sore throat, headache, rash, abdominal pain, general ill feeling exclusion is required until fever subsides for 24 hours without the use of antipyretic medications (acetaminophen/ibuprofen). Students will be excluded from school when fever, even if lower than the guidelines listed, has additional symptoms.
Strep throat	Be sure to replace items that may re-infect student such as tooth brush.	May return to school 24 hours after first dose of antibiotics.
Vomiting (not related to being car sick, concussion syndrome or other non-infectious reason)		Vomiting episode free for 24 hours before return to school.

Diarrhea (that is not associated with diet changes, medication, or non-infectious reason)		Student must be continent of stool, able to control bowel movements, be fever free, and have no suspicion of salmonella, c-diff, e coli or shigella infection.
Rash	Watch for signs of allergic process	No school exclusion if fever free, no behavioral changes are noted and impetigo is not suspected. May be referred to health care provider for evaluation.
Impetigo (skin infection forming pustules and yellow, crusty sores)	Watch for family members developing similar symptoms.	Excluded until treatment has initiated. Follow health care provider recommendations for when to return to school.
Ringworm	Healthcare provider should be seen to recommend treatment but may wait until the end of the day.	No exclusion required if area can be covered during school day.
Fifth Disease (slapped cheek)	Avoid infection in pregnant women	No exclusion (no longer infectious when rash appears)
Chicken pox	Illness reported to department of health	Excluded until all lesions are crusted over.
Hepatitis A	Good hand hygiene needed. Reported to department of health.	Exclude until 7 days after onset of jaundice or 7 days after onset of symptoms if there is no jaundice
Herpes Simplex virus (cold sores)	High contagious with direct contact	No exclusion, take extra precautions while lesions are moist.
Scabies	Risk of transmission at school is rare but can occur.	Can return to school after first treatment is complete
Influenza		May return to school 24 hours after fever is gone without use of medications.
Lice		Exclusion until after treatment is complete.
Molluscum (dimpled clusters of pustules)	Do not pick or pop pustules, this can spread infection and cause scarring.	No exclusion required. Pustules are harmless and can take many months to resolve.

Other illnesses that require exclusion as well as consultation with a health care provider include pertussis (whooping cough), measles, mumps or rubella, tuberculosis and others.

Please follow recommendation from healthcare provider as to when the child can return to school.

Disclaimer: Please note that this is not a policy nor an exclusive list of childhood illnesses, please refer to your child's health care provider for diagnosing, treating and recommendations for school exclusion.