

### **IMPORTANT REMINDERS**

#### Attendance: All absences must be reported to school

ABSENCE REPORTING - If a student is absent for any reason, a parent or guardian must report the reason for absence to the school. This can be done via phone, email, parent/guardian note or doctor's note.

School Phone: 973-835-7100 Ext. 4501 or follow prompts for Lenox School Absentee line

Email: School nurse APera@PLPS.org or Main Office EBurwell@PLPS.org

- -Students with vomiting, diarrhea of fever must be symptom free for 24 hours before returning to school. See reverse side for more guidelines regarding illness.
- -Attendance Letters are automatically generated starting at ten (10) days missed school.
  - Classroom Celebrations: All food must be approved BEFORE sending in
- -Due to food allergies, we ask that all food is approved by the teacher prior to bringing it in.
- -All food must be purchased from a store with a **clear ingredient label**. No homemade foods allowed.
- -Goodie bags can be sent in as long as they **do not** contain any food or candy items. Only nonedible items are allowed in goodie bags.

If you have any questions for the school nurse please do not hesitate to reach out.

Amy Pera, MEd, RN, CSN

973-835-7100 Ext. 4502

APera@PLPS.org

### **Pompton Lakes Public Schools**

Guidelines for Keeping Sick Children Home from School

## PLEASE KEEP ME HOME IF.....

I have a fever	I am vomiting	I have diarrhea	I have a rash	I have head lice/nits	I have an eye infection	I am congested and/or have 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 am just not feeling very good
					4-5	AND THE STATE OF T				
Temperature of 100°F	Two or more times in 24 hours	Two or more watery stools in 24 hours	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 the ewithout the assistance to medication the Table 1 (and the table 1) and the table 1 (blue 1) and table 1 (b	To be free from diarrhea for 24 hours	To be treated and be nit free. I must be brought to the school nurse by my parent/	To have clear eyes that are not draining. To have completed 24 hours of	To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil)	To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil)	To be fever free without the assistance of medication for 24 hours (i.e. Tylenol, Motrin, Advil) To have	A copy of the discharge instructions and/ or doctor's note permitting me to return to school which	To be feeling bette and be acting like I normally do
A note from my parent/puardian quardian	A doctor's note A note permitting from my me to parent/ return to quardian school		A doctor's note permitting me to return to school	A note from my parent/guardian or doctor	A note from my parent/guardian or doctor	completed 24 hours of treatment  A doctor's note permitting me to return to school	includes any special instructions (i.e. modifications to daily program and if so for what period of time)	A note from my

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.