

**McKinney Independent School District  
School Health Services  
Exclusion from School & After School Activities**

Dear Parent/Guardian:

Please read and comply with the guidelines listed below regarding sending your child to school after an illness or extended absence. Students returning to school too soon compromises the health and well-being of all students and staff. We appreciate your understanding and cooperation in protecting all our students. Students need to be in optimal health for optimal learning.

**CONDITIONS RESULTING IN EXCLUSION FROM SCHOOL AND AFTER SCHOOL ACTIVITIES**

To protect students from communicable illnesses, students infected with certain diseases are not allowed to attend to school while contagious. If a parent suspects that his or her child has a communicable or contagious disease, the parent should contact the campus nurse so that other students who might have been exposed to the disease may be alerted according to DSHS guidelines.

Students should be symptom free for 24 hours before returning to school. In addition, students who have been recently hospitalized and/or treated for a serious medical condition may also be excluded from school, pending a physician's recommendation to return. Prior to the student's return to school, the parent should contact the campus nurse. Attendance will be coded to excuse absences for a period of 24 hours after the onset of symptoms. A doctor's note or parent's note will be required to excuse further absences.

**A student with any of the following symptoms must be excluded from school until the student is free from symptoms or has a medical clearance to return to school per the return to school guidelines:**

- Temperature of 100.0 degrees or more. Student must be fever free for 24 hours, without medication, before re-entry (Texas Administrative Code)
- Vomiting (not related to a single event such as gagging, positioning, mucus, running after eating, or eating spicy food) Student must be symptom free for 24 hours, without medication before re- entry
- Diarrhea, of two or more loose or watery stools; all students must be diarrhea free for 24 hours without the use of medications before re-entry (Texas Administrative Code)
- Pain and/or swelling at angle of jaw
- Undetermined rash over any part of the body accompanied by fever
- Under diagnosed scaly patches on the body or scalp
- Red, draining eyes
- Intense itching with signs and symptoms of secondary infection
- Open, draining lesions or wounds
- Jaundice
- Evidence of lice per McKinney ISD guidelines
- For any other reason deemed necessary by the school for the safety of all students and staff

**RETURN TO SCHOOL GUIDELINES**

- Parents must contact the campus nurse prior to the student's return to school and provide documentation (see p.2) from the medical provider that is familiar with the student and the situation. This provider should be the individual responsible for treating the current condition.
- Symptoms that could be attributed to a vaccine preventable illness will require a medical provider's certification ruling out the presence of communicable disease before re-entry to school.
- For any infection, antibiotics must be taken for a minimum of 24 hours prior to re-entry to school.
- A physician's letter to readmit will not supersede the DSHS guidelines.
- A certificate of the attending medical provider which attests that the child does not currently have signs or symptoms of a communicable disease or another imminent medical concern may be deemed necessary for reentry into school.

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Campus Nurse or Counselor

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Phone Number

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Date

**McKinney Independent School District  
School Health Services  
Medical Provider Certification**

Medical Provider Name: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

**Medical Provider Attestation:**

I am familiar with the student and the situation which resulted in school exclusion. I am currently treating the student for this condition and certify that he or she no longer presents with an imminent medical concern or is no longer contagious. The student is cleared to safely return to school on \_\_\_\_\_ (date).

Provider's Phone: \_\_\_\_\_ Diagnosis or Treatment Comments: \_\_\_\_\_

Recommendations or Restrictions: \_\_\_\_\_

Providers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Physician Certification of Serious or Life-Threatening Illness**

Texas Education Code Sec 25.087 states: "(b) a school district shall excuse a student from attending school for: (3) an absence resulting from a serious of life-threatening illness or related treatment that makes the student's attendance infeasible, if the student or the student's parent or guardian provides a certification from a physician licensed to practice medicine in this state specifying the student's illness and the anticipated period of the student's absence relating to the illness or related treatment.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

**For Physician Use Only:**

By signing below, I certify that the named student is experiencing a serious or life-threatening illness as specified, or a related treatment to that specified illness, that makes attendance at school for any part of the day infeasible for the anticipated period specified. I further certify that I am licensed to practice medicine as a physician in the state of Texas.

Printed Physician's Name: \_\_\_\_\_ Texas Medical Board Issued License Number: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Diagnosis or Treatment Comments: \_\_\_\_\_

Start Date for Period of Infeasibility: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Student Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Providers Signature: \_\_\_\_\_ Date: \_\_\_\_\_