What to do: advice on childhood illnesses	1. You child can to school but may need treatments as shown	othe re	Can be spread to er children. Some estrictions for tending school 3 Your child cannot go to school – contact your GP. See advice below for when they can return
What it's called	What it's like	Going to school	More advice
Chicken Pox	Rash begins as small, red flat spots that develop into itchy <u>fluid-filled blisters</u>		Although the usual exclusion period is 5 days, all lesions should be crusted over before children ret to nursery or school.
Common cold	Runny nose, sneezing, sore throat		Children should be given paracetamol, plenty of fluids to drink and can be sent to school. Ensure good hand hygiene – dispose of tissues an regularly wash hand with soap and water*
Conjunctivitis	Teary, red, itchy, painful eyes		Treatment is not usually required. Try not to touc eye to avoid spreading
lu	Fever, cough, sneezing, runny nose, headache, body aches and pain, exhaustion, sore throat		Children should go back to school when recovered this is usually about five days Ensure good hand hygiene*
ilandular Fever	High temperature, sore throat (usually more painful than any before) and swollen glands		Child needs to be well enough to concentrate at school
land, Foot and Aouth disease	Fever, sore throat, headache, <u>small painful</u> <u>blisters inside the mouth and on tongue</u> <u>and gums (may also appear on hands and</u> <u>feet)</u>		Children can go to school with hand, foot and mo disease
lead Lice	Itchy scalp (may be worse at night)		Treat child and all other family members by wet combing with a nit comb and conditioner
mpetigo	Clusters of <u>red bumps or blisters</u> surrounded by area of redness		See GP. Back to school when the lesions crust ove 48 hours after the start of antibiotics
vleasles	Fever, cough, runny nose, and watery inflamed eyes. Small red spots with white or bluish white centres in the mouth, <u>red</u> <u>blotchy rash</u>	•	Contact your GP (by phone initially) if you think the your child might have measles. Back to school 4 d from on-set of rash
lingworm	Red ring shaped rash, may be itchy rash, may be dry and scaly or wet and crusty		See pharmacist for advice about treatment.
icabies	Intense itching, pimple-like rash. Itching and rash may be all over the body but is commonly between the fingers, wrists, elbows and arms		See pharmacist for advice about treatment. Back school after first treatment
carlet fever / strep hroat	Severe sore throat and painful glands in neck. No runny nose or cough. <u>Associated</u> <u>with sandpaper-like pink/red rash</u> in scarlet fever.		See G.P. Return to school 24 hours after starting antibiotics
hingles	Pain, itching, or tingling along the affected nerve pathway. Blister type rash.		Only stay off school if rash is weeping and not covered
ickness oug/diarrhoea	Stomach cramps, nausea, vomiting and diarrhoea	•	Return to school 48 hours after the last episode o diarrhoea or vomiting. See G.P if they appear to b getting dehydrated (passing little urine or becomi lethargic)
hreadworms	Intense itchiness around the anus		Get treatment from local pharmacy or GP. Everyo at home should be treated
/lild tonsillitis	Sore throat associated with runny nose or cough		See G.P if they are not starting to improve or feve persists for more than 5 days
ttp://www.what0-18.nh hild-go-school-today/	websites for more information: ns.uk/parents-and-carers/should-your- ns.uk/parents-and-carers/worried-your-	Germs spre tissues and cough or sne	tch if ways carry use them to catch your tere.

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Germs can live for several hours on tissues. Dispose of your tissue as soon as

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.

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NHS

child-unwell/

This information is a guide and has been checked by health professionals, however if you are unsure about your child's wellbeing we recommend you contact your pharmacy or GP to check