

Student: _____ Grade: _____ Date: _____

Your child has presented to the School Nurse with the following symptoms that are consistent with COVID-19
Fever of _____ Time: _____ Cough _____ Shortness of breath or difficulty breathing _____ Fatigue/Tired _____
Muscle/Body Aches _____ Headache _____ New loss of taste or smell _____ Sore throat _____ Congestion or runny nose _____
Nausea/vomiting/Diarrhea _____ Other: _____

Returning to School after Illness

Schools must follow CDC, NYSDOH and Local Health Departments for "Return to School" guidance.

Please read A and B carefully.

A STUDENT HAS SYMPTOMS OF POSSIBLE COVID-19 ILLNESS, BUT IS DETERMINED NOT TO HAVE COVID-19 BY A HEALTH CARE PROVIDER (MD, NP, Physician Assistant) CAN RETURN TO SCHOOL WHEN

- Symptom and fever free, without the use of fever reducing medicines, for at least 48 hours;
- They have been diagnosed with another condition (not COVID-19) and have a healthcare provider written note stating they are clear to return to school; AND has a DOCUMENTED NEGATIVE COVID-19 TEST if the provider, in their medical opinion, feels they require a COVID-19 test.
- They are allowed to return to school based on existing school district illness policies/ protocols.

A SIGNED NOTE FROM YOUR HEALTH CARE PROVIDER CLEARING YOUR CHILD TO RETURN TO SCHOOL IS REQUIRED AND MUST BE GIVEN TO THE SCHOOL NURSE BEFORE RIDING THE SCHOOL BUS OR ENTERING THE BUILDING.*

SEE ATTACHED FORM!

B STUDENT IS DIAGNOSED WITH COVID-19 BY A HEALTH CARE PROVIDER BASED ON A TEST OR THEIR SYMPTOMS, OR WHO DOES NOT GET A COVID-19 TEST BUT HAS HAD SYMPTOMS. THEY SHOULD NOT BE AT SCHOOL AND SHOULD STAY HOME UNTIL:

- It has been at least TEN days since the student first had symptoms
- It has been at least THREE days since the student has had a fever (without using fever reducing medicine) AND
- It has been at least THREE days since the individual symptoms improved, including cough and shortness of breath.

A SIGNED NOTE FROM YOUR HEALTH CARE PROVIDER CLEARING YOUR CHILD IS REQUIRED AND MUST BE GIVEN TO THE SCHOOL NURSE BEFORE RIDING THE SCHOOL BUS OR ENTERING THE BUILDING.* SEE ATTACHED FORM!

** Physician notes can be dropped off to the School Nurse, emailed or faxed. Parent/Guardian must reach out to the School Nurse with updated information from the Health Care Provider as necessary.*

Contact the student's health care provider as soon as possible for guidance and if any symptoms become worse, CALL 911.

Your signature below indicates that the above information has been explained to you, you understand it and have received a copy.

Parent Signature

School Nurse Signature

Date