

WARRENSBURG CENTRAL SCHOOL

Date: _____

Dear Parent or Guardian,

On _____, your child, _____ is displaying a sign/symptom of COVID-19, and as a result is being sent home. There are several other illnesses that may produce this sign/symptom. An evaluation by your Health Care Provider or by an Urgent Care Center is **REQUIRED** to determine the specific cause of your child's symptom(s). Below is a list of the signs/symptoms your child is displaying today.

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Fever 100° or greater | <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Nausea or Vomiting | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> New cough | <input type="checkbox"/> Sore throat | |
| <input type="checkbox"/> Shortness of breath/difficulty breathing | <input type="checkbox"/> Congested or runny nose | |
| <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Headache | |

Schools must follow New York State Department of Health and Local Health Department guidelines for returning to school.

IF RECEIVING THIS NOTICE, THE STUDENT MUST SEEK MEDICAL ATTENTION...

IF A COVID TEST IS NEGATIVE, the student may return to school if...

- ✓ They submit documentation of the negative diagnostic COVID-19 test result (or a note from HCP indicating a negative test **BEFORE** reentering the building or riding the school bus. **You may take a screen shot & email it to Mrs. Bacon (baconj@wcsd.org) or Mrs. Carpenter (carpenterg@wcsd.org).**
- ✓ They are fever-free for 24 hours (without the use of a fever-reducing medication)
- ✓ **AND** they feel well enough to return.

IF GIVEN AN ALTERNATIVE DIAGNOSIS BY HCP, the student may return to school if...

- ✓ They have a written & signed note from the HCP indicating the alternative diagnosis. **Notes with an unconfirmed acute illness diagnosis such as viral upper respiratory illness or viral gastroenteritis will NOT suffice.** It **MUST** be received by the school health office **BEFORE** the student rides the school bus or reenters the building. **Please have the medical office scan/email the note to Mrs. Bacon (baconj@wcsd.org) or Mrs. Carpenter (carpenterg@wcsd.org)**
- ✓ **AND** they are fever-free for 24 hours (without the use of fever-reducing medication)
- ✓ **AND** they have completed any applicable exclusion period consistent with the alternative diagnosis given – per school's protocols.
- ✓ **AND** they feel well enough to return.

IF A COVID TEST IS POSITIVE, the student **MUST REMAIN IN ISOLATION AT HOME until ...**

- ✓ **Student has Release from Isolation notice from Warren County Public Health Department**
- ✓ **AND all household members must quarantine** at home until also released by Warren County Public Health Department
- ✓ **AND** at least 72 hours have passed since fever (without the use of fever-reducing medications)
- ✓ **AND** improvement in individual symptoms have occurred
- ✓ **AND** at least 10 days have passed since symptoms have first appeared
- ✓ **AND** they feel well enough to return

IF YOU ARE UNABLE OR REFUSE TO HAVE YOUR CHILD TESTED, OR the HCP cannot give an alternative diagnosis, the student **MUST REMAIN IN ISOLATION AT HOME until...**

- ✓ Student receives a **Release from Isolation notice from Warren County Public Health Department**
- ✓ **AND** at least 72 hours have passed since fever (without the use of fever-reducing medications)
- ✓ **AND** improvement in individual symptoms have occurred
- ✓ **AND** at least 10 days have passed since symptoms have first appeared
- ✓ **AND** they feel well enough to return

NOTE: Siblings and others that are considered to have close contact with someone "suspected of having COVID" should also remain out of school, unless Mrs. Bacon or Mrs. Carpenter has phone triaged the individuals and determined otherwise. This triage must occur **BEFORE** the siblings are allowed in the building.

Mr. John S. Goralski, Superintendent of Schools