Plattsburgh City School District

Student: _	::Gr	ade:	Date:	Time:
Your child has presented to the School Nurse with the following symptom(s) that are consistent with COVID-19:				
	hills Cough Shortness of breath or difficulty breat			Muscle/Body Aches
	he New loss of taste or smell Sore throat Con	gestion or runr	ny nose	
Nausea/vomiting/Diarrhea				
Returning	ng to School after Illness			
Schools must follow CDC, NYSDOH and Local Health Departments for "Return to School" guidance. Please note that				
State's guidance is changing rapidly, and this protocol will evolve as guidance changes.				
Please read A and B carefully.				
• T	UDENT HAS SYMPTOMS OF POSSIBLE COVID-19 ILLNESS, B I CARE PROVIDER (MD, DO, NP, PA) CAN RETURN TO SCHO The student has been seen (in-person or virtually) by a hear provide documentation to school, stating that the stude the symptom/symptoms, OR The healthcare provider must provide documentation of a stationary may return to school.	OL WHEN Ithcare provide nt may return a	r. The health and providing	care provider must an alternate diagnosis for
	the student may return to school.			
	The student must be fever-free without fever-reducing med school.	dication for at I	east 24 hours	s prior returning to

A 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. *

B STUDENT IS DIAGNOSED WITH COVID-19 BY A HEALTH CARE PROVIDER BASED ON A TEST OR THEIR 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.

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

^{*} Health care provider 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.

^{*}Antibody testing is not acceptable for the purposes of this protocol.

^{*}Students absent from school due to having a symptom/symptoms of COVID-19 will be subject to the guidelines above.