**Child Symptom Notes**

Date:

Dear parent/caregiver,

Your child, , has had the following symptoms that could indicate COVID-19 (please check all that apply):

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| --- |
| **Watch for ANY of the following symptoms of COVID-19** |
| * Fever or chills * Muscle or body aches * Headache * Sore throat * Congestion or runny nose * Fatigue * Nausea or vomiting * Diarrhea * New or persistent cough * New loss of taste or smell * Shortness of breath or difficulty breathing |

To ensure the health and safety of all children and staff, your child, regardless of vaccination status, will not be permitted back to the facility until:

1. Initial COVID-19 test is negative and individual meets the school’s normal criteria for return after an illness **OR**
2. A clinician has evaluated the child and documented an alternative diagnosis **OR**
3. All of the following are true: (1) at least 10 days since the onset of symptoms AND (2) until fever free off anti-fever medications for 1 day AND (3) symptoms are improving.

If your child is diagnosed with COVID-19, he/she should remain home until all the following are true:

1. It has been at least 10 days since your child first had symptoms **AND**
2. Your child has been fever-free off anti-fever medications (ex: Tylenol, Ibuprofen) for 1 days **AND**
3. Your child’s symptoms are improving.

If your child was positive for COVID-19, he/she does NOT need a repeat COVID test or a doctor’s note in order to return to the facility.

Sincerely,