**Long term I & Q (Scroll down for short-term)**

**Child Symptom Notes**

****Date:

Dear parent/caregiver,

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

|  |
| --- |
| **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.

Sincerely,

**short-term**

**Child Symptom Notes**

****Date:

Dear parent/caregiver,

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

|  |
| --- |
| **Watch for ANY of the following symptoms of COVID-19**  |
| * Fever or chills
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* 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 5 days since the onset of symptoms AND (2) until fever free off anti-fever medications for 1 day AND (3) symptoms are improving. Your child should wear a well-fitting mask when around others for 5 additional days.

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 5 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.

Your child should wear a well-fitting mask when around others for 5 additional days.

Sincerely,