Hudson Falls Central School District

Name: _____ Grade: _____ Date: _____ Time: _____

The following has presented to the School Nurse with the following symptoms that are consistent with COVID-19:
Fever of _____ 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 Washington County Public Health for "Return to School" guidance.
Please read A and B carefully.

A 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

- There is no fever, without the use of fever reducing medicines, for at least 72 hours;
- There has been a diagnosis of 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.
- They are allowed to return to school based on existing school district illness policies/ protocols.

A NOTE FROM YOUR HEALTH CARE PROVIDER STATING YOU ARE CLEARED TO RETURN TO SCHOOL IS REQUIRED AND PROOF OF NEGATIVE PCR TEST (swab) MUST BE GIVEN TO THE SCHOOL NURSE BEFORE RIDING THE SCHOOL BUS OR ENTERING THE BUILDING.*

B 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.

A NOTE FROM YOUR HEALTH CARE PROVIDER STATING YOU ARE CLEARED TO RETURN TO SCHOOL ALONG WITH A RELEASE FROM QUARANTINE FROM PUBLIC HEALTH IS REQUIRED AND MUST BE GIVEN TO THE SCHOOL NURSE BEFORE RIDING THE SCHOOL BUS OR ENTERING THE BUILDING.*

** 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 your 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.

_____ _____

Signature ***Staff Signature***