

Student Illness Letter – Guidelines for Parents

Date: _____

Student Name: _____

Your child presented to the health office today with the following symptoms:

Group A 1 or more symptoms	Group B 2 or more symptoms
<ul style="list-style-type: none"><input type="checkbox"/> Fever -Temp ≥ 100 _____<input type="checkbox"/> Cough<input type="checkbox"/> Shortness of breath<input type="checkbox"/> Difficulty breathing<input type="checkbox"/> Lack of smell or taste (new, without congestion)	<ul style="list-style-type: none"><input type="checkbox"/> Chills<input type="checkbox"/> Muscle Pain<input type="checkbox"/> Headache<input type="checkbox"/> Sore throat<input type="checkbox"/> Nausea or vomiting<input type="checkbox"/> Diarrhea<input type="checkbox"/> Fatigue<input type="checkbox"/> Congestion or runny nose

Individuals with COVID-19 can experience a wide range of signs and symptoms that may vary from very mild to severe. Symptoms may appear 2-14 days after exposure to the virus.

We realize that some of these symptoms are common in other illnesses like cold, flu, seasonal allergies and asthma. They are also symptoms that may be associated with COVID-19. In a continued effort to keep our school community safe and our schools open, students experiencing COVID-19 like symptoms during the school day must be sent home and excluded from in-person learning.

We are recommending that you contact your child's health care provider for consultation/evaluation and follow his or her specific guidance regarding next steps. Please notify your PCP/Health care provider that your child is experiencing symptoms related to Covid-19.

Seek Emergency medical care if your child experiences warning signs such as: trouble breathing, confusion, pain or pressure in the chest, and/or bluish lips/face.

Students **who are not currently a “close contact” or quarantined**, and are presenting with symptoms that may be associated with COVID-19, may return to school when any one of the following column criteria are met. ALL check boxes in column must be met.

Return to School When

Student with symptoms, not tested for COVID-19	Student with symptoms, cleared by physician	Student with Symptoms, negative COVID-19 test*
<ul style="list-style-type: none"> <input type="checkbox"/> Keep home for 10 days starting at onset of symptoms _____ <input type="checkbox"/> Fever free for 24 hours <input type="checkbox"/> Absence of symptoms 	<ul style="list-style-type: none"> <input type="checkbox"/> Physician Clearance Note <input type="checkbox"/> Fever free for 24 hours <input type="checkbox"/> Improved symptoms 	<ul style="list-style-type: none"> <input type="checkbox"/> Negative Test Results <input type="checkbox"/> Fever free for 24 hours <input type="checkbox"/> Absence of symptoms**

****For lingering symptoms, please wait 10 days for return to school.**

Please let us know if your child or another household family member receives a positive COVID-19 test result or if your child has been in close contact with someone who has tested positive for COVID-19. We will work with the Allegheny County Health Department and assist with contact tracing procedures.

We appreciate your support in keeping our school community healthy.

Kind regards,

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