

Date: _____ Parent/Guardian notified: _____

Dear Laurel Springs School Parent/Guardian,

Your child _____ is being sent home from school due to exhibiting the following symptom(s):

____ Temperature of 100.4 Fahrenheit or above

____ Shaking chills/feeling feverish

____ Shortness of breath or difficulty breathing

____ Cough, congestion, runny nose

____ Sore throat

____ Loss of taste or smell

____ Nausea, Vomiting

____ Diarrhea

____ Headache

____ Muscle aches or fatigue

____ Other: _____

The symptom(s) listed above may be symptoms of Covid-19, a new virus that may infect people of all ages. It is recommended that you follow the CDC guidelines at:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

The guidelines include:

1. Keep your child at home except to seek medical care.
2. **Notify your medical provider** of your child's symptoms.
3. If your child exhibits the following symptoms:
 - trouble breathing
 - pain or pressure in the chest that does not go away
 - new confusion
 - inability to wake up or stay awake
 - blue lips or face
 - severe abdominal pain

SEEK EMERGENCY MEDICAL CARE!

(continued)

For your child to return to school, one of the following criteria must be met:

1. Present a clearance note from your medical provider.
2. Notify me that your child has met the CDC criteria of being 10 days since the start of symptoms, 24 hours fever free < 100.4 F without the use of fever reducing medications, and have improved symptoms.
3. Present a health clearance from Camden County Health Department.

Please contact me at 856-783-1086 X1, if you have any questions regarding these guidelines.

Our top priority is to promote the health and safety of all of our students, staff, and community.

Thank you for helping us.

Mrs. Corrigan, School Nurse

Picked Up by: _____ Time: _____

Relationship to student: _____