

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
- ___ Cough, shortness of breath or difficulty breathing
- ___ Congestion, runny nose
- ___ Sore throat
- ___ Loss of taste or smell
- ___ Nausea, vomiting
- ___ Diarrhea
- ___ Headache
- ___ Muscle/body aches or fatigue
- ___ Other: _____

The symptom(s) listed above may be symptoms of Covid-19, a virus that may infect people of all ages. It is recommended that you follow the “NJ COVID-19 Information HUB” or cut and paste the following:

https://covid19.nj.gov/index.html?utm_campaign=20201010_nwsltr_b&utm_medium=email&utm_source=govdelivery

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 5 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 negative PCR lab screen.

Monitor siblings living in the household, of the sick child, for signs and symptoms of COVOD-19. You should try to isolate the sick child from well family members while at home.

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

We ask that you please notify the school nurse if your child gets tested for Covid-19

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: _____

School Age Sibling: _____ School: _____

School Age Sibling: _____ School: _____

School Age Sibling: _____ School: _____

