



Parent Communication for Ill Students during COVID-19

Date: _____

Students Name: _____

Your child has COVID-19 like symptoms:

NO: Your child may return to school once he/she is fever free without fever reducing medication for 24 hours.

YES: Your child will need to follow re-admittance guidance below. Testing is available across the Panhandle visit www.pphd.org to find a testing location near you.

• Include: (please check box and circle symptoms)

Two of the following: fever (measured or subjective), chills, cold/shivering, muscle pain, headache, sore throat, nausea, vomiting, diarrhea

At least one of the following: new cough, shortness of breath, difficulty breathing, loss of taste and smell

Has at least one symptom and answers yes to: Is there someone in your household who is currently in quarantine or currently positive for COVID-19?

Re-Admittance to School

Symptomatic staff /student
who tests positive:

Exclude for:

- At least 10 days since symptoms first appeared **AND:**
- At least 24 hours with no fever without fever reducing medication
- AND:**
- Symptoms have improved

Symptomatic staff /student
not tested:

Exclude for:

- At least 10 days since symptoms first appeared
- AND:**
- At least 24 hours with no fever without fever-reducing medication
- AND:**
- Symptoms have improved
- OR**
- May return to school if an alternative diagnosis is established with a health care provider's note.

Symptomatic staff /student
who tests negative:

Exclude until fever free for 24 hours (or meets the schools' requirements for readmission) **AND** improved respiratory symptoms