Letchworth Central School

5550 School Road
Gainesville, NY 14066
(585) 493-3520

Illness Assessment & Return to School After Illness Requirements

Dear Parent/Guardian of: _____

Date: _____ Time: _____

New York State Department of Health (NYSDOH) guidelines ***require*** that any student who exhibit symptoms consistent with COVID-19 will be sent home.

Your child has presented to the Health Office with the following symptoms:

_____ **A measured temperature ≥ 100° F** **Temperature: _____**

OR

Any of the following:

_____ Fever/chills
_____ Fatigue
_____ Nausea/Vomiting/Diarrhea
_____ Sore Throat
_____ Headache
_____ Cough
_____ Shortness of Breath
_____ Nasal Congestion or runny nose
_____ New loss of taste or smell
_____ Muscle or body aches

RETURNING TO SCHOOL AFTER ILLNESS

School Districts must follow NYSDOH guidelines that allow students to return to school after being sent home for exhibiting symptoms consistent with COVID-19, or after being diagnosed with COVID-19.

***Your child may return to school when the following are met*:**

_____ Documentation from a Health Care Provider stating a diagnosis of a known chronic condition with unchanged symptoms, or a confirmed acute illness (lab confirmed test), *AND* COVID-19 is not suspected *AND* date clearing student to return to school ***OR***

_____ A confirmed *negative* COVID-19 test, ***AND*** no longer having symptoms of COVID-19 (as noted above) and Fever Free for 24 hours (without the use of medication ex: Tylenol, Advil, etc.), ***OR***

_____ If COVID-19 *positive*, release from isolation from the County Department of Health

It is recommended that you reach out to your child's Health Care Provider as soon as possible for symptoms that worsen and for guidance on returning to school. Local Health Care Providers and school districts will be working closely with the Wyoming County Health Department for guidance and requirements to determine when a student can return to the learning environment.

We encourage you to reach out to the **School Nurse (585) 493-3520**, with any updated information from the Health Care Provider as necessary. **Test results /Notes from Health Care Providers allowing your student to return to school MUST be provided prior returning to school or riding the bus**. *****Please contact the Health Office prior to sending your student to school to make sure all necessary documentation is received.*** Health Care Provider notes can be dropped off to the School Nurse, emailed to: (dhouseknecht@letchworth.k12.ny.us)
or **faxed to (585) 493-2536**.

_____ _____

School Nurse Signature **Date**