

SYMPTOMATIC STUDENT PARENT LETTER

CORONAVIRUS
COVID-19

Date: _____

To parent or guardian of _____,
Your child is being sent home from school today since they have presented with symptoms that may be suggestive of COVID-19. Your child was noted to have the following new onset or worsening symptom(s):

1. Is student currently experiencing ONE or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

New cough Shortness of breath Difficulty breathing New loss of taste or smell

2. Is student currently experiencing TWO or more of the following symptoms unrelated to a known pre-existing condition (e.g. asthma, allergies)?

Fever (100.4 degrees or higher) Headache Diarrhea (2x in 24 hours)
 Chills (rigors) Sore throat Nausea or vomiting (2x in 24 hours)
 Muscle aches (myalgias) Fatigue Congestion or runny nose

COVID-19 testing is strongly recommended. Contact your medical provider and get tested for COVID-19.

Your child may return to school:

With proof of a negative COVID-19 test and after being fever free for 24 hours without the use of fever-reducing medications and symptoms have improved.

If your child does not get tested for COVID-19, they will be excluded from school until 10 days have passed since symptom onset and at least 24 hours without fever reducing medication and symptoms have improved.

If your child tests positive for COVID-19, keep them in home isolation for 10 days. They can return after being fever free for 24 hours without the use of fever reducing medication and symptoms have improved. A negative test result is not required to return to school once all criteria is met.

NO COST COVID-19 TESTING • APPOINTMENT REQUIRED • NO PRESCRIPTION NEEDED
Contact Oakland County Nurse on Call at 1-800-848-5533 or noc@oakgov.com