

Averill Park Central School District

146 Gettle Road, ST1
Averill Park, NY 12018
(518) 674-7050



Notification of Illness

Student: _____ Grade: _____ Date: _____

Your child has presented to the School Nurse with the following symptoms that are consistent with COVID-19/Flu/Cold
Fever of _____ Time _____ Cough _____ Shortness of breath or difficulty breathing _____ Fatigue/Tired _____
Muscle/Body Aches _____ Headache _____ New loss of taste or smell _____ Sore throat _____ Congestion or runny nose _____
Nausea/Vomiting/Diarrhea _____ Other _____

Returning to School after Illness

Schools must follow CDC, NYSDOH and Local Health Departments for "Return to School" guidance.
Please read A and B carefully.

A

STUDENT HAS SYMPTOMS OF POSSIBLE COVID-19 ILLNESS, BUT IS DETERMINED NOT TO HAVE COVID-19 BY A HEALTH CARE PROVIDER (MD, NP, Physician Assistant) CAN RETURN TO SCHOOL WHEN

- There is no fever, without the use of fever reducing medicines, for at least 24 hours;
- They have been diagnosed with another condition (not COVID-19) and have a healthcare provider written note stating they are clear to return to school; **AND** has a **DOCUMENTED NEGATIVE COVID-19 TEST**
- They are allowed to return to school based on existing school district illness policies/protocols.

When your child is tested for Covid-19, please contact the district's COVID-19 Resource Nurse at covidreporting@apcsd.org and report the following: Student's name and birthdate, school building, possible exposure source if known, where and when your student was tested.

A NOTE FROM YOUR HEALTH CARE PROVIDER CLEARING YOUR CHILD TO RETURN TO SCHOOL IS REQUIRED AND MUST BE GIVEN TO THE SCHOOL NURSE **BEFORE** RIDING THE SCHOOL BUS OR ENTERING THE BUILDING.*

B

STUDENT IS DIAGNOSED WITH COVID-19 BY A HEALTH CARE PROVIDER BASED ON A TEST RESULT, THEY SHOULD NOT BE AT SCHOOL AND SHOULD STAY HOME UNTIL:

- Cleared by the local health department to return to school.

A NOTE FROM YOUR HEALTH CARE PROVIDER OR FROM LOCAL DEPARTMENT OF HEALTH CLEARING YOUR CHILD IS REQUIRED AND MUST BE GIVEN TO THE SCHOOL NURSE **BEFORE** RIDING THE SCHOOL BUS OR ENTERING THE BUILDING.*

**Physician notes can be dropped off to the School Nurse, emailed or faxed. Parent/Guardian must reach out to the School Nurse with updated information from the Health Care Provider as necessary.*

Contact the student's health care provider as soon as possible for guidance and if any symptoms become worse, **CALL 911**.

Your signature below indicates that the above information has been explained to you, you understand it and have received a copy.

Parent Signature

School Nurse Signature



TO BE COMPLETED BY A MEDICAL PROVIDER ONLY

Please note the following requirements for returning to school following a student's absence or dismissal due to possible COVID-19 symptoms, as noted by CDC. Please check the appropriate box for your patient:

Evaluation by the student's medical provider **AND** COVID-19 testing.

If the COVID test is **NEGATIVE**:

- You must provide a Medical Provider Release stating "student cleared to return to school on (date)" **AND** provide proof of the negative COVID-19 test. Provider should enter information below.

IMPORTANT: If symptoms persist due to a chronic condition, please include that information regarding chronic condition in evaluation comments below.

If the COVID test is **POSITIVE**:

- The child remains out of school. Officials from the Rensselaer County Department of Health will contact the family directly and will provide guidance and oversight to the family regarding the child's return to school.

OR

If parent chooses for their child not to have a COVID-19 test, then the child cannot return to school until:

- It has been ten (10) days since the onset of symptoms **AND** three (3) days since the last fever without the use of fever-reducing medication **AND** has
- Documentation of a completed evaluation by the child's medical provider below.

MEDICAL PROVIDER COMMENT(S)

DATE OF STUDENT RETURN TO SCHOOL: _____

PROVIDER SIGNATURE:

DATE:
