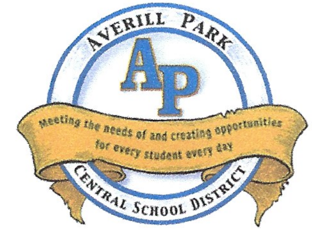
Averill Park Central School District
146 Gettle Road, ST1
Averill Park, NY 12018
(518) 674-7050



Return to School Requirements

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 the alternative diagnosis** and that they are cleared to return to school;

OR

- **A RECENT DOCUMENTED NEGATIVE COVID-19 TEST.**

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 OR A NEGATIVE TEST RESULT IS REQUIRED AND MUST BE GIVEN TO THE SCHOOL NURSE **BEFORE** RIDING THE SCHOOL BUS OR ENTERING

B **STUDENT IS DIAGNOSED WITH COVID-19 BY A HEALTH CARE PROVIDER; THEY SHOULD STAY AT HOME UNTIL:**

- THEY HAVE BEEN CLEARED BY THE LOCAL DEPARTMENT OF HEALTH TO RETURN TO SCHOOL.

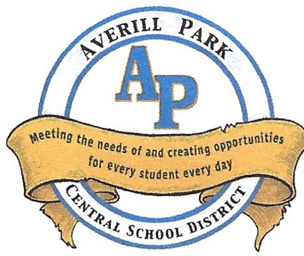
THIS CLEARANCE NOTE MUST BE GIVEN TO THE SCHOOL NURSE **BEFORE** RIDING THE SCHOOL BUS OR ENTERING THE BUILDING.

**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 **OR** COVID-19 testing.

If the COVID test is NEGATIVE:

- You must provide medical documentation stating an alternative diagnosis and "student cleared to return to school (date)" OR provide proof of a negative COVID 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, or not be evaluated by a health care provider, then the child cannot return to school and they will be presumed positive.
Your child will not be able to return to school until they are released by the Rensselaer County Health Department.

MEDICAL PROVIDER COMMENT(S) DATE OF STUDENT RETURN TO SCHOOL: ____________________

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PROVIDER SIGNATURE: ______________________________ DATE: ____________________