

Child Symptom Notes

Date: _____

Dear parent/caregiver,

Your child, _____, has had the following symptoms that could indicate COVID-19 (please check all that apply).

- Cough
- Fever
- Chills
- Headache
- Sore throat
- Muscle pain
- New loss of taste or smell

To ensure the health and safety of all children and staff, your child will not be permitted back to the facility until:

1. Initial COVID-19 testing is negative and individual meets the school's normal criteria for return after an illness **OR**
2. A clinician has evaluated the child and documented an alternative diagnosis **OR**
3. All of the following are true: 1) at least 10 days since the onset of symptoms AND 2) until fever free off anti-fever medications for 3 days AND 3) symptoms are improving.

If your child is diagnosed with COVID-19, he/she should remain home until all of the following are true:

1. It has been at least 10 days since your child first had symptoms **AND**
2. Your child has been fever-free off anti-fever medications (ex: Tylenol, Ibuprofen) for 3 days **AND**
3. Your child's symptoms are improving

If your child was positive for COVID-19, he/she does NOT need a repeat COVID test or a doctor's note in order to return to the facility.

Sincerely,