

Your Child Was Seen In the Health Office With Symptoms of COVID-19

Your child is being sent home today because they have one or more symptoms of COVID-19.

The Centers for Disease Control and Prevention (CDC) say symptoms may start **2-14 days after** exposure to the virus. Symptoms of COVID-19 are listed* below and your child had the following symptom(s):

- | | | |
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| <input type="checkbox"/> Fever _____ °F | <input type="checkbox"/> Tired/Fatigue | <input type="checkbox"/> Stuffy nose/congestion |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Muscle / Body aches | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache | <input type="checkbox"/> Stomach ache/Nausea |
| <input type="checkbox"/> Shortness of breath or trouble breathing | <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Throwing up/Vomiting |
| | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Diarrhea |

**This list does not include all possible symptoms. CDC will continue to update this as more is learned about COVID-19. Please see the CDC's [COVID-19 in Children and Teens](#) for more information.*

According to the CDC, the COVID- 19 signs and symptoms below require immediate emergency care. If you see any one symptom below call 911 or take your child to the closest emergency room.

Persistent pain or chest pressure	New confusion	Flushed/red cheeks	Bluish lips or face
Going to the bathroom a lot (diarrhea and urination)	Hard to wake or stay awake	Difficulty breathing, fast breathing, or trouble breathing at rest	Extremely exhausted and/or extreme irritability

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Please Bring This Form To Your Health Care Provider (HCP)

NYS Department of Health **REQUIRES** school staff/students with any **one** symptom of COVID-19 to see a health care provider **AND** have one of the items listed below to return to work/school.

Negative COVID Test: **ONE** negative PCR from a doctor's office or pharmacy **OR TWO** rapid antigen tests done at home over a **36 hour** period **AND** a completed student affirmation of antigen test result form (found on the website and in the nurses office). This form **MUST** be sent to healthoffice@charlottevalley.org prior to students return.

HCP Note: **Explaining** a diagnosis of a known **Chronic Condition** with unchanged symptoms. Diagnosis alone is not enough.

HCP Note of a **Confirmed Acute Illness** (e.g., laboratory-confirmed influenza, strep throat) **AND** COVID-19 is not suspected, then a note signed by a HCP **explaining** the alternate diagnosis is required. Diagnosis alone is not enough. Students may return to school as instructed by the HCP.

Any Questions,
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