



Student Name: _____ School: _____ Date: _____

Your child has been sent home from school due to the following illness symptoms.

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| <input type="checkbox"/> Loss of taste or smell | <input type="checkbox"/> Runny Nose or Congestion |
| <input type="checkbox"/> Feeling feverish, having chills or temperature >100 | <input type="checkbox"/> Muscle or body aches |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Nausea, vomiting or diarrhea |

It is important for FFC8 to identify symptoms that are consistent with existing chronic health conditions, or consistent with a variety of common student illnesses such as strep throat, allergies, common cold, gastroenteritis, etc., as well as symptoms that may be attributed to COVID-19.

Due to the increased need to understand the underlying cause of the symptoms your child is having; the following process will be followed to guide a student's return to learn timeline.

1. Student is required to go home upon symptom onset and must remain home until cleared by the school nurse to return to school.
2. School nurse will contact family the day following symptom onset to identify the following:
 - a. Have the symptoms resolved?
 - b. Have additional symptoms started?
 - c. Has the family consulted a physician?
 - d. Has the family considered COVID-19 testing?
3. School nurse will provide the family with a timeline of when the student can return to school:
 - a. If the symptoms resolve within 48 hours, follow the district illness policy on returning to school which requires up to 72 hours fever and/or symptom free.
 - b. If symptoms worsen or more symptoms develop, COVID-19 must be considered. Student must follow home isolation for 10 days following symptom onset, or obtain a negative COVID-19 test and/or an alternate diagnosis to explain symptoms, and be symptom free for up to 72 hours.

If your student is tested for COVID-19, keep them home until the test results are known, and follow instructions given to you by the El Paso Public Health Department and the school nurse (RN or LPN).

***Please let the school know immediately if your child or a family member tests positive for COVID-19.**

For additional health related questions, contact the School Nurse: _____ Phone: _____

For questions related to the information on this form or about COVID-19, contact El Paso County Public Health Department at (719)578-3199.

References:

<https://www.elpasocountyhealth.org/>

<https://covid19.colorado.gov/>

<https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools>

Policies regarding COVID-19 is subject to change due to Health and Safety Guidelines from El Paso County Health and the State of Colorado)