

Medical clearance for return to school during COVID-19 pandemic

Patient's Name: _____ School/Grade: _____

Date of Birth: _____

Based on current KDHE guidelines, the patient's exam and results for any tests that may have been performed, this patient may return to school once any fever has resolved for at least 24 or 72 hours (without the use of fever-reducing medication) depending on source of infection and other symptoms are improving and the date below has been met.

The **earliest date** this patient may return to school is: _____

This statement is valid based on relevant information on the date below, but may change based on new symptoms, exposures or results. The patient and family should seek medical care for any new concerns.

Physician/PA/APRN/RN name: _____ Signature: _____

Date: _____ Office phone: _____ Office Fax: _____

Clinic/facility address: _____

School note to parent/guardian: student sent home due to illness during COVID-19 pandemic

Student name: _____ Grade/Teacher: _____

Dear parent or guardian,

Your child is sent home from school today due to the following signs/symptoms that can be experienced with COVID-19 infections:

- | | | | |
|--------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> fever | <input type="checkbox"/> nausea/vomiting | <input type="checkbox"/> difficulty breathing | <input type="checkbox"/> congestion |
| <input type="checkbox"/> sore throat | <input type="checkbox"/> loss of taste or smell | <input type="checkbox"/> runny nose | <input type="checkbox"/> diarrhea |
| <input type="checkbox"/> cough | <input type="checkbox"/> headache | <input type="checkbox"/> muscle or body aches | <input type="checkbox"/> fatigue |

Most healthy children will recover well from COVID-19, as they would with other cold viruses. However, we strongly recommend that you contact your child's medical provider to ensure the best possible health and outcome for your child and family, and for the safety of our school and community.

To ensure your child is safe to return to school, you may either:

1. Have your child evaluated by a physician/medical provider who can provide appropriate care and determine when your child may return to school based on the accompanying form, or
2. Keep your child home and provide supportive home care for a minimum of 10 days after today's date. Your child may return to school on _____ (date) provided that:
 - your child is fever free (temperature less than 100.4°) for more than 72 hours without fever-reducing medications **and**
 - all symptoms of illness are improving

School staff name: _____

Signature: _____

Date: _____ School: _____