

North Tonawanda City School District

176 Walck Rd. ♦ North Tonawanda, New York 14120-4097 ♦ (716) 807-3500 ♦ FAX (716) 807-3525

Gregory Woytila
Superintendent

COVID – 19 Signs/Symptoms Letter

Date: _____

School: _____

Dear Parent or Guardian of _____;

Your child is displaying signs/symptoms (e.g., cough, shortness of breath, fatigue; muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting or diarrhea; and/or a temperature of 100 ° F or higher) that **may** represent COVID-19. This is NOT a diagnosis. Please consider contacting your medical provider for a medical evaluation.

During the coronavirus pandemic, it is recommended that any student who displays one or more of the signs/symptoms listed above be sent home from school and remain out until specific conditions have been met.

In order for your child to return to school they *must be fully recovered, that is be free of any symptoms for at least twenty-four (24) hours without taking medications* such as but not limited to, Tylenol, Motrin, Aleve, etc. and meet **one of the following conditions** (subject to change based on the Niagara County Department of Health):

- A. Have a medical note from a registered New York State provider clearing the student of COVID-19 and the ability to return to school; **OR**
- B. Quarantine the student for fourteen (14) days.

Please note, if your child experiences any of the following symptoms, you should immediately take them to an emergency room or call 911:

- i. Difficulty breathing or shortness of breath;
- ii. Persistent pain or pressure in the chest;
- iii. New onset confusion or the inability to arouse; or
- iv. Bluish lips, face or nailbeds.

Thank you for your cooperation during these unprecedented times.

Please see next page for important information

Your child displayed the following signs/symptoms that *may* represent COVID-19:

- Temperature of 100.0° F or higher
- Cough
- Shortness of Breath
- Fatigue
- Muscle or Body Aches
- Headache
- New Loss of Taste or Smell
- Sore Throat
- Congestion or Runny Nose
- Nausea
- Vomiting
- Diarrhea

Please feel free to contact the school nurse with any questions or concerns.

School Nurse: _____ Phone: _____

Fax: _____ E-Mail: _____