

# Helena Public Schools (revised 9.24.2020)

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Your student is being sent home because they have exhibited or expressed symptoms that could be attributed to COVID-19. If they feel well enough, they are expected to resume remote learning while at home.

High Risk:

\_\_\_ **Coughing with or without chest congestion**

\_\_\_ **Shortness of breath or difficulty breathing**

\_\_\_ **Loss of Taste or Smell**

Low Risk:

\_\_\_ **Vomiting/Nausea/Stomachache**

\_\_\_ **Diarrhea**

\_\_\_ **Sore Throat**

\_\_\_ **Muscle Aches or Pain**

\_\_\_ **Headache**

\_\_\_ **Weakness or fatigue**

\_\_\_ **Runny Nose or Nasal congestion**

\_\_\_ **Fever ( $\geq 100.0$  F) or chills**

**If the student has 1 new or unexplained Low-Risk Symptom and has had NO exposure to someone with COVID-19, student must stay home until 24 hours after symptom is gone without the use of fever/pain reducing medication.**

**If the student has 1 new or unexplained High-Risk symptom or 2 new or unexplained Low-Risk symptoms and has had NO exposure to someone with COVID-19, student must remain home until one of the following criteria are met:**

1. Parent provides a note from their health care provider clearing the student for school. Under this circumstance, student may return 24 hours after the fever is gone and symptoms are improving without the use of fever/pain reducing medications.
2. If a health care provider's note clearing the student for school is **not** provided, the student must stay home for 10 days and symptoms have improved.
3. If the student is tested, follow the direction of their health care provider.

Please contact your school nurse for questions.

Nurse: \_\_\_\_\_

Contact Info: \_\_\_\_\_