

# Guilderland Central School District

In accordance with the **New York State Department of Health Pre-K to Gr. 12 COVID-19 toolkit** (NYSDOH, 10/01/2020), if a student has **AT LEAST ONE** of the symptom(s) below, they must be isolated and sent home immediately.

- |  |   |
|--|---|
| <input type="checkbox"/> A temperature greater or equal to 100.0°F (_____°F) | <input type="checkbox"/> Sore throat                              |
| <input type="checkbox"/> Feels feverish or has chills                        | <input type="checkbox"/> Shortness of breath or trouble breathing |
| <input type="checkbox"/> Cough   | <input type="checkbox"/> Nausea, vomiting, diarrhea               |
| <input type="checkbox"/> Loss of taste or smell                              | <input type="checkbox"/> Muscle pain or body aches                |
| <input type="checkbox"/> Fatigue/feeling of tiredness                        | <input type="checkbox"/> Headaches                                |
|  | <input type="checkbox"/> Nasal congestion/runny nose              |

## REQUIREMENTS FOR RETURNING TO SCHOOL

According to the [NYSDOH Covid-19 Toolkit](#), the following steps are **required** in order for your child to return to school:

- **Evaluation by the student's Health Care Provider (HCP) (in person or tele-health):** HCP will recommend COVID-19 test OR provide an alternative diagnosis which would require a signed note by the HCP explaining the diagnosis. **No rapid antigen tests allowed, only RT-PCR tests are accepted (lab based).**

If the COVID-19 test is **POSITIVE**: Contact the school **immediately**. Officials from the ACDOH will contact you directly and provide guidance and oversight for your family regarding quarantine.

If the COVID-19 test is **NEGATIVE**: If symptoms are improving **AND** fever-free for 24 hrs **without** the use of medication, your child may return with a note from HCP indicating negative result or a copy of the test result.

NOTE: If a parent chooses not to have their child tested for COVID-19 despite recommendation by HCP, or within **48 hours**: no alternative diagnosis, or evaluation by HCP or COVID-19 results received: **THE STUDENT IS DEEMED POSITIVE AND THE SCHOOL IS REQUIRED TO NOTIFY THE ALBANY COUNTY DOH.**

- **Return to school after testing positive or deemed positive:** Your child **must remain in isolation at home** and is not able to go back to school until released by the DOH, which is typically ten (**10**) days since the onset of symptoms **AND** child symptoms are improving, **AND** three (**3**) days since last fever **without** the use of fever-reducing medication.

## DOCUMENTATION MUST BE PROVIDED TO THE SCHOOL NURSE FOR CLEARANCE BEFORE YOUR CHILD CAN RIDE THE BUS OR RETURN TO SCHOOL

STUDENT NAME: \_\_\_\_\_ Date/time: \_\_\_\_\_  
SCHOOL NURSE: \_\_\_\_\_ Email: \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

