

## COVID - Student Positive Symptom Parent Letter

Dear Parent /	Guardian:	Date:
Your child,		s being sent home today due to one or more of the
following symp	100.4° or higher	New loss of taste and/or smell
Chills		Shortness of breath/difficulty breathing
New Cough		Congestion/runny nose
Sore throat		Muscle or body aches
Severe Headache		Other:
Nausea/	Vomiting/Diarrhea	
health directo ONE of the fo	or, a child is exhibiting <b>ANY</b> of the abillowing conditions have been met:	tate of North Carolina and/or directions from the local cove symptoms are not to come back to school until OVID-19 PCR test and no fever is present for over 24
	hours (without the use of fever reduted they have felt well for the last 24 hours)	ucing medications such as Tylenol, Motrin, etc.) AND
2.	The student was diagnosed with CC	VID-19 by a healthcare provider based on symptoms
	or a positive test and can answer "YE	
	Has it been 5 days since the	
	medications such as Tylenol	
		ent of your child's symptoms including cough and
3.	If your child is diagnosed positive for out of school for 5 days since their	nild may still have a cough, but is it notably improved? If COVID-19 but has no symptoms, they must remain first positive test. If the student develops symptoms
	after testing positive, then please co	
4.	note from a healthcare provider. *T	tion of an alternate diagnosis OR a return to school he student must still be fever free and have felt well s such as Tylenol, Motrin, etc. for over 24 hours
5	and the contract of the contra	atic student tested or seen by a healthcare provider for
0.	COVID-19 within 3 calendar days unvaccinated, asymptomatic siblings	s, the student will be presumed positive and ALL in the home that attend HCS will be quarantined for
6	exposure.  The student should continue to mask	for 5 days after returning to school to minimize risk of
0.	infecting others.	tion 3 days after returning to scribble to minimize risk of
If your child is	s positive for COVID-19, they are unab	ole to return to school until or a
The second secon	local public health officials.	
Should you ha	ave any questions or concerns, feel fro	ee to contact your assigned school nurse:
Ke h Cei M	Kamer Bin En	Phone: 919 552 4353
Reference Strona S	Schools NC Public Health Toolkit (K-12) pages 14-18 for	

1/4/22



## **Student Close Contact Parent Letter**

Dear Parent / Guardian:	Today's Date:
Your child,	, has been identified as a close contact to a COVID-19 positive
person on	(date of exposure).
QU	JARANTINE OPTIONS FOR FAMILIES
at-home monitoring AND (2) they COVID test conducted <b>on or after I</b> AND your child remains symptom-fr StrongSchoolsNCToolkit, you shou non-pharmaceutical interventions (e.	to school <b>AFTER</b> five (5) days if: (1) they report no symptoms during daily have received results of a negative antigen (Rapid) or PCR/molecular <b>DAY 5</b> after the last exposure*. If results of the COVID test are negative ree, he/she may return to school on (date). Per the last continue monitoring your child for symptoms AND adhere to all g. wear a mask, practice social distancing) through 10 days after the date school. *Please provide a copy of your child's COVID test results to your
	to school ten (10) days after his/her last contact with a person who tested not to follow OPTION#1. If this option is followed, your child may return (date).
Stay away from others for 5 (five) da	BLE FOR A BOOSTER, BUT NOT YET BOOSTED  ays, get tested on or after day 5 (five) of exposure and if you test negative, is recommended that you wear a mask for an additional 5 (five) days.
	FULLY VACCINATED STUDENTS*
quarantined immediately if symptom precaution on or after day 5 after	ccinated for covid, he/she can remain in school. However, they should be as of COVID-19 develop. It is recommended that your child be tested as a the exposure and wear a mask for 10 days after the exposure. *Fully or Moderna or 1 dose of Johnson /Johnson, followed by a booster dose is the provided to your child's school.
STUDE	ENTS WHO DEVELOP COVID SYMPTOMS
If after an exposure your child develor your school nurse for additional guide	ops COVID symptoms, please consult your healthcare provider or contact ance.
If you have any questions or need ac school's designated POC.	dditional information, please contact your assigned school nurse or the
Kelseywklemen BJN FN	Phone: 919 552 4353

Reference Strong Schools NC Public Health Toolkit (K-12) pages 14-18 for further guidance and/or clarification.

1/4/22