**Lake Wales Charter Schools**

PO Box 3309 Lake Wales, FL 33853

863-679-6560

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| **PANDEMIC HEALTH COMMUNICATION FORM** |

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Student - Student has the following signs/symptoms consistent with COVID-19. 10 days of isolation are required, unless otherwise directed by a medical provider, FL Department of Health, or LWCS Health Services. Symptoms began on \_\_\_/\_\_\_/\_\_\_ (Date).** |

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|  | Temperature 100.4 degrees Fahrenheit or higher by mouth, or 100.0 degrees Fahrenheit or higher by no-touch thermometer |  | Sore throat |
|  | Chills (with or without fever) |  | Nausea or vomiting or diarrhea or abdominal pain |
|  | Newuncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline) |  | New onset of severe headache, especially with fever. |
|  | Fatigue |  | Muscle or body aches |
|  | New loss of taste or smell |  | Congestion |
|  | Has the child been around anyone with COVID-19 in the last 14 days? Yes No | | |

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| **Plan for Return: The above named student may return to school when one of the following conditions is met.**    **\_\_\_\_\_Option 1: Complete 10 days of isolation, student’s symptoms have gotten better and they are fever free for 24 hours without the use of fever reducing medication. They may return to school on: \_\_\_/\_\_\_/\_\_\_ (Date). MD note is not required to return to school.**  **\_\_\_\_\_Option 2: (Medical Provider use only). Student has been cleared to return to school by a medical provider before completion of 10 days of isolation. The form must be returned to the school.** |

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| **Clearance to return to school – Medical Provider**  **The above named student has been cleared to return to school on \_\_\_/\_\_\_/\_\_\_ (Date.)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature Date** |

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| **Sibling or household contact – If student is a sibling of or a household contact of someone who is displaying symptoms consistent with COVID-19 AND has been near a confirmed case of COVID 19—14 days of quarantine are required, unless otherwise directed by a medical provider, FL Department of Health, or PCPS Health Services.**  **If the student is a sibling of or a household contact of someone who is displaying symptoms consistent with COVID-19 but has had no contact with a confirmed case of COVID-9, the siblings of the symptomatic student can continue to go to school unless the symptomatic student is positive for COVID or the sibling develops symptoms. At that point, they would be excluded from school. Please contact LWCS Health Services for further direction in these instances.** |