

NEW BRIGHTON AREA SCHOOL DISTRICT COVID19 DISCHARGE FORM

Dear Parent/Guardian:

Your child is being released from school because they are displaying potential symptoms of COVID19. Due to current concerns for the coronavirus pandemic, anyone displaying symptoms, even mild, will be required to leave the school campus and follow these guidelines for exclusion.

Your child will transition to online learning while excluded and when well enough to participate. Please reach out to your child's teacher(s) if you have any questions or need assistance.

Your child may return to school once he or she is cleared by a healthcare provider OR receives a negative COVID19 test, OR completes an isolation period of a minimum of 10 days from symptom onset AND is fever free without medication for 24 hours AND symptoms are improving. Please review this information carefully. Contact your school nurse with any questions.

Thank you,

The School Nurses

ES Erika Kinkead 724-843-1194 ex 104, ekinkead@nbasd.org

MS Terri Gallagher 724-843-1194 ex 252 tgallagher@nbasd.org

HS Anne Bernacki 724-843-1194 ex 308 abernacki@nbasd.org

New Brighton Area School District Health Office

Student Name: _____

Today's Date: _____

Due to concerns of coronavirus, students with possible symptoms of COVID19 need to complete a 10 day isolation period. Students are not permitted to attend in-person learning, school sports or activities during their isolation period - in person attendance will be excused by the nurse during this time. Students should transition to online learning when well enough to engage.

To return to school sooner, a student may provide proof of a negative Covid 19 test or Doctor's excuse.

Students need to be fever free without medication for 24 hours and have symptom improvement in order to return.

Date student may return without testing or excuse: _____

Your child visited the health office today for:

- | | | |
|---|---|---|
| <input type="checkbox"/> Contact with COVID19 | <input type="checkbox"/> Change in taste or smell | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> New or worsening cough | <input type="checkbox"/> Fever | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Chills | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Body aches | <input type="checkbox"/> Tiredness |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Headache | <input type="checkbox"/> Congestion or runny nose |

Assessment:

Action Taken:

Additional Information:

Please keep in touch with your school nurse and reach out with any questions or concerns. We are here to help!

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