

Livingston School District

COVID-19 Illness Guide

(To be completed if student becomes ill at school; one copy for parent and one for school file)

Student's Name: _____ Date: _____

COVID-19 Symptoms

___ Temperature >100.0° F

___ Chills

___ Cough

___ Shortness of breath

___ Fatigue

___ Muscle or body aches

___ Headache

___ New loss of taste or smell

___ Sore throat

___ Congestion

___ Runny nose

___ Nausea

___ Vomiting

___ Diarrhea

Please keep a mask on your child in public and call your child's health care provider to be evaluated. Let your provider know if there has been any known exposure to someone who has been diagnosed with COVID-19 in the past 14 days. **We will need a health care provider's note for re-entry to school.**

If you are unable to visit your health care provider, you must follow CDC guidelines, in order for your student to return to school. Guidelines are as follows:

- Fever free for 24 hours **and**
- Symptoms have improved **and**
- It has been at least 10 days since symptoms began

I _____ have read and understand the instructions above and also understand that Livingston's Illness Guide must be followed in order for my child to return to school.

Signature: _____

Date: _____

Printed name: _____

