

**USD 264 Clearwater Schools  
Health Services  
COVID-19 Like Illness Instructions**

Dear Parent/Guardian:

If your child has any of the symptoms listed on the chart, please follow the return to school instructions.

Primary COVID-19 Symptoms:		
<input type="checkbox"/> Cough (new or worsening)	<input type="checkbox"/> Shortness of breath / difficulty breathing	<input type="checkbox"/> New loss of taste / smell
Secondary COVID-19 Symptoms (at least 2):		
<input type="checkbox"/> Temperature $\geq 100.4^{\circ}$ F	<input type="checkbox"/> Muscle / body aches	<input type="checkbox"/> Chills
<input type="checkbox"/> Headache	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Nausea / vomiting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Congestion / runny nose

***Please call your health care provider or the Sedgwick County Health Department (call 211) to discuss these symptoms and possible COVID-19 testing.***

If your child exhibits any of the symptoms below, seek immediate medical care/call 911:

- |   |                      |
|---|----------------------|
| *Trouble breathing                        | *New confusion       |
| *Persistent pain or pressure in the chest | *Bluish lips or face |

**Return to school instructions**

***If your child has 1 of the primary symptoms or 2 of the secondary symptoms, your child may return to school when one of the following are true:***

1. ***If positive COVID-19 test result:*** 10 days from when symptoms appeared AND he/she has been fever free and feeling well for at least 72 hours, whichever is longer. "Fever free" equates to a temperature less than 100.4 degrees without fever-reducing medication (Tylenol/Acetaminophen or Advil/Ibuprofen). ***Please notify the School Nurse as soon as possible if your child is diagnosed with COVID-19.***

**OR**
2. ***If not tested:*** 10 days from when symptoms appeared AND he/she has been fever free and feeling well for at least 72 hours, whichever is longer. "Fever free" equates to a temperature less than 100.4 degrees without fever-reducing medication (Tylenol/Acetaminophen or Advil/Ibuprofen).
 

**OR**
3. ***If negative COVID-19 test result:*** he/she is fever free for at least 24 hours. "Fever free" equates to a temperature less than 100.4 degrees without fever-reducing medication (Tylenol/Acetaminophen or Advil/Ibuprofen). ***Please contact your child's school nurse if you have a negative result before sending your child back to school.***

**OR**
4. Your medical provider has determined that symptoms are a result of a non-COVID related illness and cleared your child to return to school. ***A doctor's note is required before your child can return to school.***

If you have any questions, please feel free to contact the School Nurse. We will do our best to work with families and appreciate your cooperation during this unprecedented time.

Thank you,  
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