



Port Jervis

CITY SCHOOL DISTRICT

Pursuing excellence at every level. Everyday.

Offices- Phone (845) 858-3100
High School- Melissa Leeper, ext. 11700
Middle School- Ann Marie Foster, ext. 12700
ASK- Linda List, ext. 13700
Lori Sexton, ext. 13701
HBE- Rhea Luhrs, ext 14700

Student: _____ Grade: _____ Date: _____

Your child has presented to the School Nurse with the following symptoms that are consistent with COVID-19.

Fever _____ Time: _____ Cough: _____ Shortness of Breath or Difficulty Breathing _____

Fatigue/Tired _____ Muscle Aches _____ Headache _____ New loss of taste or smell _____

Sore throat _____ Congestion or Runny Nose _____ Nausea/Vomiting/Diarrhea _____

Other: _____

Returning to School after Illness

Schools must follow CDC, NYSDOH and Local Health Departments for “Return to School” guidance.

Please read A and B carefully.

A STUDENT HAS SYMPTOMS OF POSSIBLE COVID 19-ILLNESS, BUT IS DETERMINED NOT TO HAVE COVID-19 BY A HEALTHCARE PROVIDER (MD, NP, PA) CAN RETURN TO SCHOOL WHEN:

- There is no fever, without the use of fever reducing medications, for at least 24 hours
- They have been diagnosed with another condition (not COVID-19) and a have a healthcare provider written note stating they are clear to return to school
- They are allowed to return to school when both of the above are met.

B STUDENT IS DIAGNOSED WITH COVID-19 BY A HEALTH CARE PROVIDER BASED ON A POSITIVE TEST:

- Has been released from isolation by the NYS Department of Health.

*****A SIGNED NOTE FROM YOUR HEALTHCARE PROVIDER CLEARING YOUR CHILD TO RETURN TO SCHOOL IS REQUIRED AND MUST BE GIVEN TO THE SCHOOL NURSE BEFORE RIDING THE SCHOOL BUS OR ENTERING THE BUILDING**

** Physician notes can be dropped off to the School Nurse, emailed or faxed. Parent/Guardian must reach out to the School Nurse with updated information from the Health Care provider as necessary.*

Contact the student’s health care provider as soon as possible for guidance and if any symptoms become worse, CALL 911