



Date: _____

To Whom It May Concern:

_____ is being sent home because he/she has expressed and/or displayed one major symptom related to covid-19 (per Clark County Combined Health District).

Cough	New loss of taste or smell
Shortness of breath	Difficulty breathing

OR has expressed/displayed 2 minor symptoms related to covid-19 (per Clark County Combined Health District).

Fatigue/Fever/Chills	Congestion
Muscle or body aches	Nausea and/or vomiting
Headache	Diarrhea
Sore throat	Runny nose

Rules upon returning to school:

Students will need to test for covid 24 hours **after** onset of symptoms. A **negative** test will be required before returning to in-person learning.

Clinic policy also states in order for the student to return to school they must meet the following criteria:

- Fever < 100°F for 24 hours without the use of fever reducing medications (Tylenol, Ibuprofen, etc).
- No vomiting or diarrhea for 24 hours.
- Any illness requiring antibiotics must be given for 24 hours prior to return.

Students with a **positive** case must be fever free without the use of medications AND symptoms must be improving AND it must be **5** full days since symptoms began before they can return to school. The student must wear a mask for an **additional** 5 days once returning to school and extracurricular activities.

Please contact your student's teacher for information related to remote learning.