



St. Sebastian Parish School Student Health Policy for Returning to School after Illness

Student Name: _____

Date of Absence: _____ Return to School Date: _____ Grade Level: _____

Students who are sick should not attend in-person school or extracurricular activities. Any student experiencing one or more of the following symptoms should stay home and, if able, participate in remote learning:

- Fever/chills
- Cough
- Shortness of breath, difficulty breathing, or chest pain
- Headache
- Muscle or body aches
- Fatigue
- Nasal congestion or runny nose not associated with allergy symptoms
- Sore throat
- Nausea, vomiting, and/or diarrhea
- Loss of taste/loss of smell

Students must be symptom free (without medication) for 48 hours before resuming in-person learning and extracurricular activities.

- ❖ It is highly recommended that your child be seen by a primary care provider if he or she is complaining of a symptom that persists for three (3) or more days.
- ❖ Please provide a doctor's note if your child has been seen by a primary care provider.

The state requires schools to determine when a child who has or is suspected to have COVID-19 can return to school by following current rules from the CDC, Ohio Department of Health, and the county health department. St. Sebastian Parish School will follow the most current guidelines and work with the state and local health department to promote positive public health outcomes.

- ❖ Students must notify the school of COVID-19 test results (and must isolate while awaiting results).
- ❖ Students who are presumed positive for COVID-19 must notify the school and isolate in accordance with CDC guidelines (if testing is not available).
- ❖ Students who have close contact with a person diagnosed with COVID-19 or who are suspected to have COVID-19 must notify the school and quarantine in accordance with CDC guidelines.

- Student stayed home due to COVID-19 symptoms.
- Student's absence was not due to COVID-19 symptoms.

A parent/guardian signature is required to resume in-person learning and extracurricular activities. Your signature indicates that the student has been symptom-free (without use of medication) for 48 hours and can resume in-person learning and extracurricular activities.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____