Norwalk Public Schools-School Health Services

Date_		
Dear F	Parent/Guardian,	
Your child,i		is exhibiting the following symptoms,
	New loss of taste or Gastrointestinal sym Othersymptoms have been	or difficulty breathing smell ptoms (diarrhea, stomachache, nausea or vomiting) identified by the CDC as possible symptoms of COVID-19.
In ord	der for your child to	return to school the following must take place:
2.	 Are cleared to Do not qualified Receives a new documentation Your child does not seen to the child MUST seen to the child MUST seen to the child MUST be medications of the child MUST be medications. 	o return to school and either y for COVID-19 testing AND provide an alternative diagnosis or gative COVID-19 test, is symptom free for 24 hours AND shows on of COVID-19 test. see a healthcare provider. The following must occur: tay home for 10 days from when symptoms first appeared AND he fever free for 24 hours without use of fever reducing
safety comm regard	of all our students an unity. Please contact ding these guidelines.	t this time can be. Our top priority is to promote the health and d staff. Thank you for helping us protect all members of our the school nurse at your child's school if you have any questions
Thank		
Schoo	l Nurse	Telephone #