



Medical Alert COVID-19 Symptoms

Date: _____

Dear Parent, Guardians and Caregivers:

Villa Montessori School considers the health and well-being of our students and staff to be of the utmost importance. It is with that in mind that this letter is being sent home for your information.

Today, _____, we were alerted that a student/staff member in _____ Room was exhibiting one or more of the following COVID-19 symptoms:

- | | |
|--|---|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Headache | |

The student/staff member was sent home and will return after medical personnel have determined the diagnosis. Dependent on the diagnosis, we will notify you of any additional precautions that you may need to take. For now, please observe your child/children over the next few days for any of the common symptoms of COVID-19, including those listed above.

If you have any questions or concerns, please contact your health care provider for additional information. We will keep you updated as more information becomes available.

Villa Montessori School

To the Class, not confirmed updated 09.15.2020