



Dear parent and/or guardian,

Today, \_\_\_\_\_, your child \_\_\_\_\_ was sent home for exhibiting the following symptom(s):

- |                              |                           |                  |
|------------------------------|---------------------------|------------------|
| _____ Fever, Temp.: _____    | _____ Cough               | _____ Runny Nose |
| _____ Fatigue                | _____ Nausea              | _____ Body Aches |
| _____ Vomiting               | _____ Headache            | _____ Diarrhea   |
| _____ Muscle Pain            | _____ Sore Throat         | _____ Chills     |
| _____ Loss of taste or smell | _____ Shortness of breath |                  |

At this time, we are required to follow the directives from the Florida Department of Education in partnership with the Pinellas County Department of Health.

Your child may return to school after:

1. Student receives a negative COVID and is asymptomatic, **OR**
2. 10 days have passed since symptom onset or positive test result, the student has had no fever for 24 hours and the student's other symptoms are improving: **OR**
3. Student receives written permission from a healthcare provider to return to school.

**ATTENTION:** Over the counter, or "At home", testing kids will be accepted.

Documentation must be submitted to the front office for clearance prior to the students return to class.

Please inform the school of your decision from one of the options listed above.

Thank you for your continued support and adherence to our rules to keep our entire student body and staff safe.