

Annex A: Template Letter for Symptomatic Child

Dear Parent/Guardian,

Your child is being sent home because of the following symptom(s):

- | | | |
|--|---|------------------------------------|
| ☐ Cough or cold symptoms | ☐ Mouth sores | ☐ Rash |
| ☐ Difficulty breathing | ☐ Fever | ☐ Stomach ache |
| ☐ Sore throat | ☐ Earache | ☐ Diarrhea |
| ☐ Other: _____ | ☐ Eye problems | ☐ Vomiting |
| | ☐ Head or neck pain | |

Additional details, including any actions taken on site:

If your child's symptoms are concerning, get worse, or do not improve, please contact your child's healthcare provider, and/or take your child to an urgent care clinic or hospital emergency room.

Your child can **return** when:

- ☐ Symptoms are improving, and your child is feeling better and can comfortably participate in routine classroom activities.
- ☐ *If* your child had a fever (temperature greater than 100.4°F, or 38°C), they can return when the fever went away during the night and is still gone in the morning (without using Tylenol®, Motrin®, ibuprofen, acetaminophen, or other fever-reducing medicines).
- ☐ Other: _____

A doctor or healthcare provider visit note is NOT needed to return.

However, if your child sees a healthcare provider, please let us know if there are changes to how your child should be cared for, or if there is an infectious condition we should know about. Information shared with us will be kept confidential.

If you have further questions or concerns, please contact [\[insert name of contact person\]](#) and/or call [\[insert phone number\]](#).

[\[Insert signature block\]](#)

