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Dear Parents

Please help us keep your child in school! As we try to decrease the spread of coronavirus, please conduct daily health checks (e.g. temperature screening and symptom checking) of your child/children using the attached screening form.

IF SYMPTOMS OF COVID-19 OR OTHER ILLNESS ARE PRESENT DURING THE SCHOOL DAY:

Student will be sent home immediately! These include:

- Fever 100.4 degrees or greater
- Vomiting or diarrhea
- New onset cough and shortness of breath, or difficulty breathing
- New loss of taste of smell
- 2 or more of the following symptoms are present: muscle pain, chills/shivering, new headache, nausea, sore throat, nasal congestion/runny nose, unusual fatigue.

When can my child return after illness:

- If COVID-19 symptoms- we encourage you to get your child tested and follow guidance from the Brown County Health Department, School Nurse, or Healthcare Provider.

*****Any child with COVID-19 symptoms who DOES NOT get tested will need to stay home at least 10 days from when symptoms first appeared and no respiratory symptoms and no fever for at least 24 hours. Any sibling and household members should also stay home and remain home for 14 days after the initial child is symptom free.*****

Questions? Please contact us:

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Health Screening Checklist Parents

COVID-19 Health Screening Checklist for CHILDREN

	YES	NO
Has your child been in close contact with anyone who tested positive for or was diagnosed with COVID-19 in last 14 day?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been diagnosed with COVID-19 by a health care provider in the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child developed any of the following symptoms within the past 24 hours?		
• Cough	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath/trouble breathing	<input type="checkbox"/>	<input type="checkbox"/>
• New loss or sense of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
• Has your child taken medication in past 24 hours to lower temperature (Tylenol, ibuprofen)?	<input type="checkbox"/>	<input type="checkbox"/>



If YES to any question in Part 1, the child should stay home. If NO to questions in Part 1, proceed to Part 2.

Part 2

Has your child developed any of the following symptoms within the last 24 hours?

	YES	NO		YES	NO
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>
Unusual fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
Nausea (<i>sick to stomach</i>) or vomiting▲	<input type="checkbox"/>	<input type="checkbox"/>	Fever ($\geq 100.4^{\circ}\text{F}$) or chills (<i>would indicate fever</i>) ▲	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose or nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea▲	<input type="checkbox"/>	<input type="checkbox"/>



If YES to 2 or MORE questions in Part 2, child should stay home and contact healthcare provider.

Child to remain home

- Monitor symptoms, and the date symptoms started.
- Child should **stay home** to isolate and contact health care to be tested for COVID-19.

If YES to 0 or 1 question(s) in Part 2, child may go to school.

Child may go to school

Child should wear a cloth face covering and wash/sanitize hands before having contact with other children or staff.

▲Vomiting, diarrhea, and fever—alone or together—should exclude a child from school. However, they do not necessarily indicate the need to test for COVID-19 or for COVID-19 isolation.