

1. (Do not put anything in the letter that would identify the confirmed positive student)

Date:

Child's name:

This letter is to notify you that a person in your child's grade level group has tested positive for COVID-19. With guidance from our local health department, all students in your child's grade level group are to stay home from school for 14 days from the last contact which would be **(date)**. Confidentiality policies do not allow us to share any additional information with you regarding the individual who tested positive for COVID-19.

Over the next 14 days, please watch for these symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If your child develops any of the above symptoms, please notify the school and your healthcare provider for further instructions.

While your student is at home, (distance learning access information)

Meal Service Information

If you have any questions, please call the school at 924-6424.