



# Kenmore-Town of Tonawanda Union Free School District

Student's name: \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian:

Your child had the following symptom(s) today at school: \_\_\_\_\_.

These are symptoms that are associated with COVID-19.

You are advised to seek medical attention.

Per protocol, in **order to return to school**, you must have:

A note from a medical provider **or** a negative COVID-19 test, **or** it has been 10 days from the onset of symptoms.

In addition, you must attest that your child has been at least 72 hours without a fever (without the use of fever-reducing medicine) and it has been at least 72 hours since your child's symptoms have improved (including cough and shortness of breath) before they can return to school:

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**Please complete this section and return it to the school nurse when your child is able to return to school along with either a note from your medical provider and/or a copy of a negative COVID-19 test result:**

I, \_\_\_\_\_ (*PRINT parent/guardian name*),

Confirm that my child \_\_\_\_\_ (*PRINT child's name*),

Has **not** had a temperature over 100 degrees for the past 72 hours, and the symptoms for which they were sent home from school have improved.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_