

STAY HEALTHY

[Wash Your Hands](#)

[Wear Your Mask](#)

[Watch Your Distance](#)

PREVENT SPREAD

Report ALL absences to the Attendance Office via [email](#) or [phone](#) with detailed reason for absence.

Keep your child home if any of the following apply and contact the nurse

Fever of 100.0F in the past 24 hours

Any COVID 19 related [symptom](#) in the last 24 hours

Student is awaiting COVID test results

A person in the household was diagnosed with COVID 19

Student was in close contact with someone who tested positive for COVID 19

Student was advised to quarantine (by BOH or Healthcare Provider)

Guidelines for quarantine

Student was diagnosed with COVID 19

A person in the household was diagnosed with COVID 19

Student was in close contact with someone who tested Positive for COVID 19

Student traveled to a [state](#) requiring quarantine upon return to NYS

Student traveled abroad to another country

A "Release Letter" from [BOH](#) is required following quarantine in order to return to school

***** Getting tested for COVID 19 does not shorten the duration of quarantine*****

State Requirement for Return After Illness

As per NYS Guidelines, any student presenting with COVID 19 Symptoms will require the following in order to return to school:

Documentation of evaluation by a Healthcare Provider with a [specific diagnosis](#) and [return to school date](#).

Symptom Resolution

*****If a student tests positive, a "Release Letter" from BOH is required to return to school**

Please contact your pediatrician if you have specific questions about your child's symptoms and are unsure how to proceed