



GRAYSON COUNTY HEALTH CENTER
124 E WHITE OAK STREET
LEITCHFIELD, KY 42754
PHONE: 270-259-3141
FAX: 270-259-5388
WWW.GRAYSONHEALTHCENTER.ORG



Date: _____

Dear Parent/Guardian,

Grayson County Health Department and Grayson County Schools are dedicated to the well-being of our children. This commitment includes a prompt response to potential health issues that are a concern to our families as well as keeping you informed and being as transparent as possible.

Your child, _____, has been determined to be a low-risk exposure to COVID-19. This means your child may have been in the same room as the positive, but not in close proximity or for an extended amount of time OR your child is vaccinated. The exposure took place on: _____

It has been determined by school or health department contact tracing staff that your child will NOT need to be in quarantined at this time.

You will be contacted by the Contact Tracing nurse from the school or health department IF investigation leads to more exposure. Please monitor your child for any symptoms and report them to your child's school.

Symptoms to monitor for:

- Congestion or stuffy nose
- Headache
- Abdominal pain, nausea, vomiting, diarrhea
- Fever or chills
- Cough
- Sore throat
- Shortness of breath
- Change in taste or smell
- Muscle aches
- Fatigue

Please feel free to call with any questions. Contact number to call is _____.

Letter sent by Grayson County Health Department in collaboration with Grayson County Schools.