



Board of Education
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Superintendent

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Dear Parent,

Your child has presented to the nurses clinic with one or more of the following symptoms:

Fever/Chills
Coughing and/or sneezing**
Sore throat
Shortness of breath/difficulty breathing
Loss of taste or smell
Fatigue
Headache
Nausea /Vomiting/Diarrhea
Rash that is rapidly spreading
Other: _____

**for students with chronic allergic/asthmatic cough, this is a change in their cough from baseline.

Due to recent guidelines set forth by the Scioto County Health Department, your child has been excluded from school until one of the following are met as described in "COVID-19: When a student, faculty or staff member can return to school" (see attached). In order for your child to return to school as soon as possible, please take him/her to be seen by a doctor. If you have any questions, please contact your school principal or nurse.

Principal

Melissa LeMaster, BSN, RN, LSN
School Nurse
(740) 259-2611

Please take this form to your child's physician for his/her signature. This specific form must be completed and returned prior to your child's return to school.

To the Principal:

_____ was examined today and may return to school on _____.

Their condition was found to be in accordance with the guidelines set forth by the Scioto County Health Department and the Ohio Department of Health. He/she may return to school if they have been 24 hours fever free without the use of fever suppressing medications, has an alternative diagnosis (with written documentation), and the provider believes it is appropriate for them to return to school.

Physician's signature _____

Date _____

"Education is Our Chief Concern"

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