



**LOCAL SCHOOL DISTRICT**

Date:

Dear Parent,

Due to recent guidelines set forth by the Scioto County Health Department, your child has been excluded from school. This sheet is to be completed by your medical care provider and returned to the school by the student or the student's parent/guardian.

Thank you,

\_\_\_\_\_  
*Melissa LeMaster BSN, RN, LSN*

*District School Nurse*

*(740) 259-6667 Fax # (740) 259-6645*

\_\_\_\_\_  
*Pam Wright LPN*

*VMS Health Nurse*

*(740) 259-2651 ext. 9 Fax # (740) 259-6624*

Name: \_\_\_\_\_

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

Alternative to COVID-19 Diagnosis: \_\_\_\_ Yes \_\_\_\_ No

Because there is an alternative to a COVID-19 diagnosis, the above-named student may return to school on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Provider: \_\_\_\_\_

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