

Glens Falls City School District
Glens Falls, NY 12801

Student Name: _____ Date: _____

Your child has displayed signs and symptoms consistent with COVID-19. The following symptoms were observed: _____

You are advised to contact your child's medical Provider for further instructions.

TO BE COMPLETED BY MEDICAL PROVIDER

Was the student tested for COVID-19?

YES _____ *NO _____ *Provider is responsible for a return to school note

Student is to quarantine at home until results come back

- If the results are Negative:

Students are able to return to school with a negative COVID-19 result as long as symptoms have resolved.

Proof of negative COVID-19 test MUST be sent to the health office by parent or medical provider before the student can return to school.

- If the results are Positive:

The student will be ***isolated for at least 10 days from the test date*** and Warren County Public Health (WCPH) will conduct a full investigation to identify and quarantine all close contacts.

When can the student return to school?

The student must be cleared by Warren County Public Health to return to school.

Medical Provider : _____

Print Name

Signature

Medical Provider: Please fax signed form to the school and fax number circled below:

Kathy Callaghan RN Kensington Rd 518-793-5404

Amy Mignot RN Big Cross St 518-792-2668

Cindy Ketchen RN Middle School 518-793-4888

Beth Clark RN Jackson Heights 518-798-6501

Tracy Webster RN Middle/High School 518-792-1442

Jackie Pecor RN High School 518-832-4543