**PALMERTON AREA SCHOOL DISTRICT**

**Health Services- STUDENT Health Provider Form**

Student: _____ Grade: _____

Date student sent home: _____

Recorded temperature at Health Room Visit: _____

Per the Department of Health and the Department of Education, children are to be sent home if they have one or more of the following symptoms. Your child presented to the Health Room today with the following new or worsening signs/symptoms that would require further evaluation for COVID-19 from your primary healthcare provider:

| | |
|---|---|
| Fever (100.0 or higher) | Sore throat |
| Cough | Chills |
| Shortness of breath or trouble breathing | Muscle pain |
| Diarrhea | Headache |
| Lack of smell or taste | Congestion or runny nose |
| (not attributed to nasal congestion) | Fatigue |

If you would observe any of the following symptoms, it is a <u>TRUE EMERGENCY!</u> Call 911 IMMEDIATELY! These include:

| | |
|---|---|
| Difficulty Breathing | Bluish lips/face/ fingers |
| Persistent pain or pressure in the chest | New confusion or inability to arouse or awaken |

****Please contact your child's healthcare provider for a release to return to school.**

****Please see back of form for Healthcare Provider Review Information**

**Parent/Guardian- Please have your child's healthcare provider complete below.**

**Healthcare Provider Review Information**

Please see reverse side for school nurse assessment.

Findings: _____

Recommendations: _____

Student can return to school on: _____

Restrictions: _____

Healthcare Provider Signature: _____

Date: _____

Healthcare Provider Name: _____

Phone Number: _____

**Parent/Guardian: If your child was not seen in the healthcare provider's office, but a phone/video consult was completed, please have them fax a note containing the above information to the school nurse. The fax number is: _____**

**By signing below, I give permission for my child's healthcare provider to speak with the school nurse should there be any questions regarding my child's care and/or recovery.**

**Parent/Guardian Signature: _____**

**Date: _____**