



# Health Notice

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your child was sent home with the following symptoms that could potentially be contagious:

- Fever of \_\_\_\_\_ taken with NexTemp™ Clinical Thermometer
- Nausea and vomiting.

*In the best interest of keeping our students and staff healthy, the above child may not return to school tomorrow AND must be symptom free for at least 24 hours without the use of medication before returning. Students who are sent home with a fever or vomiting will be excluded from school the next day, regardless of whether they see a doctor or not.*

**OR**

Your child was sent home with the following symptoms that could potentially be contagious:

- Red or running eyes, colored discharge from the eyes or nose.
- Cough that is persistent or productive.
- Sores or crusts on the scalp face or body, including those that are draining.
- Skin eruptions or rash.
- Sore throat.
- Swelling and tenderness of the glands, particularly about the face or neck.
- Pain and stiffness of neck and/or headache.
- Jaundice (yellowing of eyes and/or skin)
- Persistent abdominal pain.
- Diarrhea.
- Other: \_\_\_\_\_

*In the best interest of keeping our students and staff healthy, the above child may not return to school tomorrow AND must be symptom free for at least 24 hours before returning, unless they have a doctor's note stating they are not contagious to others*

## **Doctor's Note**

### **TO BE COMPLETED BY DOCTOR:**

Date seen for above symptoms: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date child ***is no longer contagious***  
and can return to school: \_\_\_\_\_

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**

**PHYSICIAN'S OFFICE STAMP (REQUIRED)**

*Thank you for your support with keeping Paradigm a healthy environment for all students.*