



## NOTIFICATION TO PARENT

To the parents/guardian of: \_\_\_\_\_

Upon arrival to school today \_\_\_\_\_, your child displayed the following signs and/or symptoms:  
(Date)

\_\_\_\_\_ Cough

\_\_\_\_\_ Shortness of Breath or difficulty breathing

\_\_\_\_\_ Fever (Temperature above 100.3 degrees)

\_\_\_\_\_ Chills

\_\_\_\_\_ Muscle pain/ Body aches

\_\_\_\_\_ Sore Throat

\_\_\_\_\_ New Loss of Taste or Smell

\_\_\_\_\_ Other: \_\_\_\_\_

In an effort to prevent and control the spread of COVID 19, the Youngstown City School District is adhering to strict guidelines set by the Ohio High School Athletic Association (OHSAA). Although displaying one or more of these symptoms is not a definite indication that your child has the virus, we are taking the necessary precautions to keep our scholars safe.

**In order to return to school, your child must meet one of the following requirements:**

1. Present a written note from the child's physician stating they are able to return to school.

**OR**

2. Child must remain home for a total of **14 (fourteen) days** from the date this letter was received.

If you have any questions or concerns please feel free to contact your child's coach.

For more information regarding COVID 19, contact the Youngstown Health Department at 330-743-3333.

Thank You,

Youngstown City School District