

**PALMYRA-MACEDON CENTRAL SCHOOL DISTRICT
CONFIDENTIAL**

Student's Name

Student Grade

TO BE SIGNED BY THE PARENT/PERSON IN PARENTAL RELATIONS:

I, _____ (Parent/Person in Parental Relations), attest that my child has been fever free for 24 hours without the aid of a fever reducing medication and their symptoms are improving.

Parent/Person in Parental Relations

Date

TO BE SIGNED BY THE MEDICAL PROFESSIONAL:

Dear School Nurse:

The student listed above is a patient of this office. As the student's medical provider, I attest to the following information:

- the symptoms experienced by the patient are not related to COVID-19; and
- the patient has been fever-free off fever-reducing medicine for 24 hours; and
- the symptoms are improving; and
- the patient was given a COVID-19 test and the results were negative for COVID-19.

The patient listed above may return to school may not return to school.

Health Care Provider Printed Name

Health Care Provider Signature

Date

Please give the completed form to the parent/person in parental relations or fax to: 315-597-3898, Attention: School Nurse.

Thank you.