

GILFORD SCHOOL DISTRICT

School Administrative Unit Seventy Three

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Gilford, NH 03249

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_____ has been sent home and referred for evaluation based on the symptoms presented in school on (date) _____ based on current NH guidelines.

- _____
- _____
- _____

Please advise if they have had:

- Covid Test (date) _____
 - Positive _____ PCP signature _____
 - Negative _____ PCP signature _____
 - Pending _____ PCP signature _____
- There is a history of a non Covid-19 related **chronic/alternative diagnosis**
 - No Covid Test Indicated Signature Required _____
 - Diagnosis to be added to their health record (students only)
 - _____
 - _____

Note that per NH DHHS/DPHS/BIDC guidelines, the child/staff member will be readmitted to school once they are fever free without the use of fever reducing medications for at least 24 hours. **If a test is performed the individual MUST remain home until those results are completed.**

If they do not have a Covid-19 test, they will be readmitted **no sooner than 10 days** and are fever free without the use of fever reducing medications for at least 24 hours

If they do have a positive Covid-19 test, they will be readmitted **no sooner than 10 days** and are fever free without the use of fever reducing medications for at least 24 hours

Expected date to return assuming symptoms are resolving _____

Please feel free to reach out to the appropriate school nurse as needed.

Thank you for completing this form in its entirety!