



GRACE

Episcopal Church & Day School

GRACE Doctor's Note is to be filled out by a NY licensed pediatric physician

Child's Name: _____

Date of Birth: ___ / ___ / _____ Date of Doctor's Visit: ___ / ___ / _____

Doctor seen: _____

License Number: _____

Reason for Visit:

Diagnosis:

- Flu
 RSV (Respiratory syncytial virus)
 Covid
 Pink Eye
- Coxsackie
 Other (please describe below)

_____ may return to School on ___ / ___ / _____

(Child's Name)

(Pediatric Physicians' Signature)

Please place your official seal/ stamp here



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GRACE POLICIES:

Grace follows all NY State healthcare regulations.

"Sick", according to the regulations is any child that may be running a fever, has a rash, unexplained symptoms, or who appears to be less than healthy. It is up to the provider to decide if a child is too sick to be at school therefore the child must be seen by a pediatric physician.

GUIDELINES FOR SPECIFIC ILLNESSES:

- | | | |
|------------------|---|-----------------------------------------------------------------------------------------------------------------------------|
| RSV | : | The child cannot return to school for a minimum of 5 days |
| FLU | : | The child cannot return to school for a minimum of 5 days |
| COVID | : | The child cannot return to school for a minimum of 5 days or until the COVID Test is negative. |
| PINK EYE | : | The child cannot return to school for a minimum of 5 days unless prescription eye drops were applied for at least 48 hours. |
| COXSACKIE | : | The child cannot return to school for a minimum of 7 days. |

In all cases of sickness listed above or otherwise that the child runs a fever this form, the Grace Doctor's note, is to be completed by the pediatric physician that diagnosed the child. **No other Doctor's note will be accepted.**