Template Pediatric COVID-19 Communication Tool :: Version 1: 9/3/20

For Vermont School Nurses, students/families, and medical home/health care professionals

Student's first name _____ Student's DOB ___ / ___ / ___

Student's last name _____

School _____ Health Care Professional _____

School Nurse _____ Phone _____ Fax _____

This document is intended for use as a communication tool among families, school nurses and medical homes serving children and youth. We encourage local teams to agree on optimal communication pathways in using this tool (e.g., telephone contact, fax, hand delivery, secure email).

School nurses: please use this form to communicate with families and the student's medical home if the symptoms start at school or if you are talking with a family whose children stayed home from school.

Families: Please use this form to communicate with the student's medical home to make a plan for return to school.

Medical home/health care professionals: Please complete the following:

	Symptom	**Date of Symptom Onset**
☐	Contact with an individual who is **COVID-19+** or quarantining with COVID-19 symptoms	
☐	Fever (100.4 or greater)	
☐	Cough	
☐	Shortness of breath	
☐	Fatigue	
☐	Muscle pain or body aches	
☐	Headache	
☐	Loss of taste or smell	
☐	Congestion or runny nose	
☐	Nausea, vomiting or diarrhea (diarrhea is defined as frequent loose or watery stools compared to child's normal pattern)	
☐	Other	

Date of call/visit with medical home _____

(Presumptive) Diagnosis: _____

Plan for return to school – please follow the **algorithm** entitled **COVID-19 in Pediatric Patients (Pre-K - Grade 12) Triage, Evaluation, Testing and Return to School (8/26/2020)** from UVMCH – VCHIP – VDH, attached and posted at: med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates. **Please circle the appropriate disposition** and return to school nurse and patient/family.

_____ _____

Parent/Guardian Signature Date

_____ _____

Health Care Professional Signature Date

Signatures on this form signify parent/guardian understands the plan and gives permission for health care professional and school nurse to communicate regarding student health.