## For a **Student** with a **Sick Sibling** or **Parent Start Here Parent** Does parent or Is the sibling/parent Does the sibling or contacts doctor for sibling need to **RESULT** YES YES postive for COVID-19? parent have any of these an appointment for be tested for symptoms? sibling or self. COVID-19? fever of 100.3 or higher, shortness of As long as the sibling or parent of the breath, loss of taste or student has not had known Covid-19 smell, chills, diarrhea, exposure, the student may attend school nausea, vomiting, cough, while the family member is waiting for fatigue, muscle aches, a diagnosis or Covid-19 test results. headache, sore If the family member has known Parent or sibling diagnosis Please throat, runny nose exposure and is symptomatic - the is something other than student must be excluded from school. -AND/OR-Come to COVID-19. does he or she have known exposure to School. COVID-19? Students who live in the same house as a N Covid-19 positive person are excluded Do you from school while the feel fine household member is in isolation. The and are Please see flow chart for student must Please NO YES student feeling sick. quarantine for 14 days symptom Come to after the last date of free? School. close contact. **Child Development Center**