

CALIFON PUBLIC SCHOOL

"Making Their Lives Extraordinary"

Dr. Kathleen M. Prystash
Chief School Administrator/Principal

Susan Schaffner
Business Administrator/Board Secretary

September 22, 2009

Dear Parents,

Please find attached a **Return to School Note for Influenza like Illness** which is to be used during the 2009-2010 school year for all students. Note that this is a form **for parents** and not for physician's to sign. Please continue to call the absentee phone line with you child's name, grade, symptoms of illness and if they have a fever. When your child is feeling well, fever-free for 24 hours without the use of fever-reducing medication, and ready to return to school, please send your child with the completed Return to School Note for Influenza like Illness.

We are asking for your diligence and care in helping prevent the spread of illness. Remaining at home when ill is the single best way to reduce the spread of flu-like illness in our community. By strictly adhering to these guidelines, you will be helping all of us to stay well and minimize the spread of illness. Please call me at 832-2828, ext. 212 with any questions or concerns. Thank you.

Sincerely,

Dr. Kathleen Prystash
Chief School Administrator

Linda Patterson, RN, CSN
Califon School Nurse



State of New Jersey
DEPARTMENT OF EDUCATION
HUNTERDON COUNTY OFFICE

RETURN TO SCHOOL NOTE FOR INFLUENZA (FLU) LIKE ILLNESS 2009 - 2010 PANDEMIC PERIOD



Public Health
Prevent. Promote. Protect.
HUNTERDON COUNTY DEPARTMENT OF HEALTH

Date: _____

Student's Name: _____ Grade: _____

My child has been fever free for 24 hours without the use of **any** medication that has fever reducing ingredients (many medications may contain fever reducing ingredients such as ibuprofen and acetaminophen please read the label and consult with your health care provider or pharmacist if you have any questions.)

Initial Date of Illness (if available): _____

Date and time of **last** documented temperature over 100°F:

Date: _____ Time: _____

Date and time of **last** dose of any medication with fever reducing ingredients:

Date: _____ Time: _____

Name of parent/guardian: _____

Signature: _____ Date: _____

Contact Information: _____

School Nurse Review:

_____ Approved for return to school

Return Date: _____

_____ Denied request to return to school

Reason: _____

School Nurse Name: _____ Date: _____

School Nurse Signature: _____

CALIFON PUBLIC SCHOOL

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Dr. Kathleen M. Prystash

Chief School Administrator/Principal

Susan Schaffner

Business Administrator/Board Secretary

May 1, 2009

Dear Parents and Guardians,

We would like to provide you with some information to keep you updated on the Swine Flu (H1N1 Flu Virus). Information and Guidelines can be found on the Center for Disease Control website at www.cdc.gov/swineflu, or the Hunterdon County website, www.co.hunterdon.nj.us/health.htm.

Germs can rapidly spread at school so we continue to take preventive measures such as cleaning desks and hard surfaces, water fountains, doorknobs, light switches, computer keyboards and bathrooms.

Please remind your children to follow simple germ prevention steps such as:

- Cover your coughs and sneezes with a tissue or elbow
- Avoid touching your eyes, nose and mouth
- Wash hands frequently
- Stay home if you are sick, especially with a fever

Please keep your child at home and monitor them if they should develop influenza-like symptoms (fever with either cough or sore throat), mild respiratory illness (nasal congestion, runny nose) with or without fever, vomiting, diarrhea, aches, headaches, fatigue, and shortness of breath. Notify the school nurse of their illness.

Please continue to check the CDC website and the Hunterdon County website for daily updates. The Hunterdon County Health Department has also set up a hotline for anyone who has questions regarding the Swine Flu (H1N1Flu Virus), 908-237-7150 between the hours of 9:00AM to 4:30 PM.

Sincerely,



Dr. Kathleen Prystash



Linda Patterson, RN, CSN