**Add to school letterhead**

**[Today’s Date]**

**Notification to classmates and classroom staff of an individual with COVID-19 at [name of school]**

Dear Parents or Guardians of Children at **[insert school name],**

**On [XX] date, [insert school name], was notified of a case of COVID-19 in [XX] classroom.**

**Although the quarantine period for close contacts of the person who tested positive has passed, please be vigilant for symptoms. The symptoms of COVID-19 can include fever and chills, muscle and body aches, headache, runny nose or stuffy nose, sore throat, nausea or vomiting, diarrhea, fatigue, cough and recent loss of taste or smell.  If your child develops any COVID-19 symptoms, contact your child’s pediatrician or healthcare provider.**

**RIDOH is recommending that [everyone in the enter class name] or [close contacts] get tested for COVID-19. This is being done out of an abundance of caution to detect any asymptomatic cases.**

Staff or students with symptoms, or who are close contacts or classmates of a person with COVID-19 can call the K-12 COVID-19 Test Scheduling Service at **844-857-1814** or visit **portal.ri.gov** to schedule a test. You do not have to pay for testing, even if you don’t have health insurance.

Should you have any questions, please contact **[contact person]**

For additional information about COVID-19, visit: <https://health.ri.gov/covid/>

Sincerely,

**[School Leader]**CC: School nurse