

Alexandria Township School District

Honoring Our Past, Celebrating our Present, Creating Our Future

557 County Road 513
Pittstown, NJ 08867
(908) 996-6811
(908) 996-7029 [FAX]
Superintendent

Matthew J. Jennings, Ed.D.



October 5, 2009

Dear Parents and/or Guardians:

As the H1N1 flu pandemic continues to be at the forefront of the news, we wanted to update you on an important change that the district is making during this pandemic. In response to a recommendation from the Hunterdon County Executive Superintendent of Schools and the Hunterdon County Health Department, the district is temporarily amending its attendance policy in regards to the requirement for a doctor's note to have a child's absence excused if the child has been out of school due to an illness.

The district's current attendance policy states that we require a note from a doctor, lawyer, dentist, etc. when your child returns to school if you would like the absence(s) excused. **We will now accept the attached Return to School note in lieu of a doctor's note ONLY during this pandemic and ONLY if your child has been out of school ill with flu-like symptoms.** This note is also available on our webpage: www.alexandriaschools.org.

If your child is out of school because of flu-like symptoms and you would like the absence(s) excused, please have your child provide a completed and signed Return to School Note to your child's school's main office upon returning to school. The child will then be sent to the nurse's office to have his/her temperature taken. If your child's temperature is above 100 degrees, your child will be sent home. The district is adhering to the guideline from the Centers for Disease Control and Prevention which states that students who experience flu-like symptoms should not return to school unless they have been free of fever for at least 24 hours without the use of fever-reducing medication.

Please note, this Return to School Note is not mandatory, but can be used if you would like your child's absence(s) to be excused if he/she has had flu-like symptoms. While we will accept this new form in lieu of a doctor's note, we highly recommend that if you suspect your child may have the H1N1 flu to please contact your family physician.

It would be greatly appreciated if you will inform the attendance office if your child is out sick with flu-like symptoms, which can include fever over 100 degrees, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, and possibly vomiting and diarrhea. This practice will help us to monitor any potential H1N1 flu cases.

We continue to take steps to help prevent the spread of germs in our schools. We have placed hand sanitizers, antibacterial wipes, and tissues in all classrooms. Our custodial staff is paying special attention to disinfecting commonly used areas such as drinking fountains, toilet handles, door knobs, cafeteria tables, etc. Our teachers are reminding students to wash hands with soap and water and cover their coughs. We would appreciate your help in also reminding your child(ren) about the importance of good hygiene.

Thank you for your patience and understanding during this time. Our top priority is, and always will be, the safety and health of our students, staff and community.

Sincerely,

Matthew Jennings, Ed.D
Superintendent of Schools
Alexandria Township School District

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

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: _____

