



ALIQUIPPA SCHOOL DISTRICT

DR. PHILLIP K. WOODS, SUPERINTENDENT OF SCHOOLS

May 25, 2022

Dear Aliquippa Staff, Parents & Guardians,

As of today, Wednesday, May 25th, we are managing ONE positive student COVID case at the Jr./Sr. High School and TWO positive student COVID cases at the Elementary School. We have ONE positive staff COVID case at the Elementary School and THREE positive staff COVID cases at the Jr/Sr High School.

As part of the contact tracing protocol, anyone who has been identified as having close contact with the individual, has been notified of their close contact status prior to the distribution of this letter and has been asked to self-quarantine for 5 days from the time of exposure unless they are fully vaccinated or received a booster vaccine within the last 6 months. These contact traced individuals should wear their mask for an additional 5 days around others at all times. It is also recommended these contact traced individuals test at day 5 after exposure with day zero being day of exposure.

People who are fully vaccinated do not need to quarantine after contact with someone who has COVID-19 unless they demonstrate symptoms. However, fully vaccinated individuals should get tested 5 days after their exposure even if they do not show symptoms and wear a mask indoors in public for 10 days following exposure or until their test result is negative. Students, staff and visitors are required to wear a mask at all times when inside the school buildings. The District is offering NO COST COVID-19 Testing. Contact Nurse Weir for more information. [COVID Testing Consent Form 2021 \(1\) \(2\)](#)

We appreciate your diligence in alerting the District about potential coronavirus exposures and symptoms. Please continue to report positive cases of COVID-19 to Nurse Donna Weir, **Aliquippa Jr. Sr High**, (724) 857-7500 ext. 4171 through Parent Square, or by email at dweir@quipsd.org. Also, if your student exhibits any of the following symptoms: Coronavirus symptoms we watch for are **coughing, fever, chills, body aches, headache, sore throat, nausea/vomiting, diarrhea, fatigue, congestion or runny nose, any loss of sense of smell or taste**. If your student has any of these symptoms, please keep them home and call for further assistance. When reported properly, students will be permitted to complete their schoolwork remotely and their absences will be excused. Communication is the KEY!

Lastly, please access our new COVID TRACKER located on our District website for updated COVID-19 data. <https://www.quipsd.org/Coronavirus.aspx>

We remain committed to ensuring a safe and healthy environment for all students and staff as we continue our mitigation efforts to fight the spread of COVID-19.

Yours in Education,

Dr. Phillip K. Woods

Superintendent of Schools

Daily Wellness Checklist

Staff and students, please complete this wellness checklist each day prior to leaving home for work/school. Your cooperation helps us keep our school community safe and healthy.

1. First, answer the following questions:

1. Have I or **members of my household** been in **contact** with anyone who has **symptoms** and/or has **tested positive for COVID-19**? Y/N
2. Do I have a **temperature** of or greater than **100.4**? Y/N 3. Have I taken **any medication** to treat or reduce a fever such as Ibuprofen (Motrin, Advil) or Acetaminophen (Tylenol)? Y/N

If you answered yes to questions 1 or 2 please stay home and contact your school nurse or administration if a staff member.

2. Second, am I experiencing any of the following symptoms?

Group A 1 or my symptoms	Group B 2 or more symptoms
Cough Shortness of breath Difficulty breathing New change or loss of smell New taste disorder (change or loss of taste)	Fever Chills/Shaking Myalgias (muscle pain) Headache Sore Throat Nausea/Vomiting Diarrhea Fatigue Congestion or runny nose

❖ If you have 1 or more symptoms from Group A or 2 or more symptoms from Group B

Please stay home.

Students/parents contact the school nurse. Staff contact your building administrator.

Donna Weir, 724-857-7500 ext. 4171



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8/19/2021

Dear Parent or Guardian,

One Love Laboratory provides voluntary COVID-19 Testing. The Lab needs demographic information to process the tests. If you would like your child to be included in this voluntary program, please complete the sections below and return the signed form to the school.

Student Name _____

Student Date of Birth _____

Student Address _____

Health Insurance Company _____

Policy Number _____

Please sign the consent below:

I, _____, give permission for the **School District/Youth Sports Organization** to release any information needed by the Lab for my child (Listed Above) to be tested weekly using the PCR cheek swab. I understand that this test causes no harm nor injury to my child. I agree and authorize that the cost of this test will be charged to my current insurance carrier and I will incur no cost for this test. I also understand that if my child does not have insurance, the cost of the test will be covered through the CARES ACT. I understand that all test results will be reported to me via text. I can be contacted at (cell phone #) _____, for all weekly test results.

Signed: _____ Date: _____

Thank you,

One Love/PhD Laboratories
4922 Albermarle Road
Charlotte, NC. 28205
919-500-6181