



CAMPBELL-SAVONA CENTRAL SCHOOL

KELLEY MEADE, JR./SR, HIGH SCHOOL PRINCIPAL
8455 COUNTY ROUTE 125
CAMPBELL, NY 14821
(607) 527-9800 x1450

JAMES ANDERSON, ELEMENTARY PRINCIPAL
64 EAST LAMOKA AVENUE
SAVONA, NY 14879
(607) 527-9800 x3170

Excuse for Absence

Date of Absence _____

_____ was absent from school on for the following reason(s):

- Doctor Appointment
- Dentist Appointment
- Eye Doctor Appointment
- Injury
- Death in Family
- Illness*
- Other (please specify): _____

*** You MUST contact the school health office for follow-up instructions prior to return to school.** Based on the NYS Department of Health, students who present with any of the following symptoms must be evaluated, treated and tested for COVID 19 with a negative result before returning to school: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

****Per Campbell-Savona Board of Education Policy, any consecutive absences beyond 6 days require the completion of the Medical Authorization for Return to School form by a medical provider.**

I, _____, certify that my child (named above) has not presented with any COVID-19 symptoms and has not had any exposure to COVID-19 symptoms in the past 14 days.

Parent/Guardian Signature: _____

Date: _____