



Parent/Guardian Early Release from Quarantine Agreement

I acknowledge that the following conditions have been met and will be followed in order for my child to return to academic activities following day 10 of their 14 day quarantine as a close contact to someone who has tested positive for COVID-19:

- I have reviewed the “COVID-19 SYMPTOM CHECK GUIDE FOR PARENTS” document and agree that my child has remained symptom free for the past 10 days of their 14 day quarantine period. I agree to continue to monitor my child closely for development of symptoms through day 14 of their quarantine period.
- I acknowledge that should my child display or develop symptoms at school upon early return from quarantine, my child will be sent home from school and it will be suspected that he/she has COVID-19 until confirmed otherwise.
- In the event that my child develops symptoms, I am aware that my child may not return to school until a negative test is presented to the District, or if I choose not to have my child tested, I will keep my child home for 10 full days following symptom onset and am aware that he/she must be fever free for 24 hours and back their normal health before return to school.
- I am aware that my child must strictly adhere to mask wearing and may attend but may not participate in the following high transmission risk activities where their mask would need to be removed until after day 14 of their quarantine time has ended. Please mark any that apply for your student:

My child is currently participating in school sponsored athletics/sports. If so what sport is your child actively involved in at this time: _____
Name of Head Coach: _____

My child is currently in PE **Name of teacher:** _____

My child plays an instrument in band. **Name of teacher:** _____

***By signing this document you are agreeing that staff members involved with the above listed school activities will be notified of your child’s quarantine release dates and that you are aware that your child may attend but may not participate in these activities until after day 14. If you do not wish for staff to be aware of your child’s quarantine, you must opt to keep your child home until the 14 day quarantine time is complete.**

My child is in High School and attends “open campus” lunch and I have discussed with my child the importance of wearing a mask and maintaining social distancing when their mask is removed for eating during their lunch break.

Student’s 14 day quarantine release date: _____

Student’s early release date if the above conditions are met (day 11 of the 14 days): _____

Student’s Name: _____ **Grade:** _____

Parent/Guardian Signature: _____ **Date:** _____