



**Close Contact and Exposure  
Return to School Statement Form**

Based on Emergency Rule 64DER21-15, parents or legal guardians of students who are known to have been in direct contact with an individual who received a positive diagnostic test for COVID-19 may choose one of the following options:

- (1) Allow the student to attend school, school-sponsored activities, or be on school property, without restrictions or disparate treatment, so long as the student remains asymptomatic; or
- (2) Quarantine the student for a period of time not to exceed seven days from the date of last direct contact with an individual that is positive for COVID-19.

*If a student becomes symptomatic following direct contact with an individual that has tested positive for COVID-19, or tests positive for COVID-19, they should follow the procedures for symptomatic or positive persons.*

For parents of students who choose Option (1) above, please complete the following form and return it to the school with your child.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

By signing below, I attest that I have screened my child, and my child is currently not symptomatic and has not developed any of the following COVID-related symptoms since being identified as a close contact to a positive person:

- Fever (greater or equal to 100.4 degrees)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Sore throat
- Headache
- Runny nose/congestion
- New loss of taste or smell
- Gastrointestinal symptoms (nausea, vomiting, diarrhea)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

STUDENTS FIRST

