PALOS 118 SHORTENED ISOLATION/QUARANTINE RETURN FORM

Student Name:	
Return Date:	
My student was a (circle one):	positive case / close contact
sore throat, noticeable congestion, and 24-ho	olation/quarantine. I certify that my child is free from cough ours free from fevers, diarrhea and vomiting. My child will aff member including a temperature check on the day of
covering nose and mouth, this includes weari	re to strict mask wearing with a well-fitted mask always ing the mask when in outdoor settings including the nnot maintain strict mask wearing, they will need to isolate
	s, students eligible for a reduced isolation/quarantine to rmances and sports competition for the full ten days before
If my child is returning from a 5-day quaranti Day 5 and have included a copy of the results	ine as a close contact, I have had them tested for COVID on s. At-home test results will not be accepted.
Parent Signature:	
	Staff Initials: