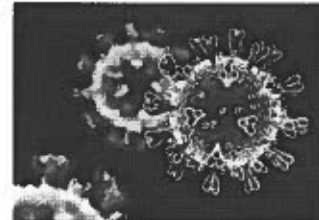




If your child is unable to come to school or is dismissed from school with symptoms that may indicate Co-vid 19 or other contagious illness, please have your doctor complete and sign the following form:

COVID-19 Protocols



Return to School Protocols

Student's Name: _____ School: _____

Please check the appropriate box to indicate the student's ability to return to school:

- Student **WAS found to have** another source of observed symptoms, SARS-COV2 testing was **NOT** done and student has NO known close contact to COVID-19 positive disease. Student may return to school 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving
- Student **NOT found to have** another source of symptoms, SARS-COV2 testing was **NOT** done. Student may return to school after a **MINIMUM** of 10 days from onset of symptoms and at least 24 hours after fever has resolved, without the use of medication, and other symptoms improving
- Student had a **NEGATIVE** test for SARS-COV2 and has NO known close contacts with COVID-19 positive disease. Student may return to school 24 hours after symptoms have resolved
- Student is **symptomatic** and has returned a **NEGATIVE** test for SARS-COV2 but is considered at risk for COVID19. Student may **NOT** return to school until 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving, with a **MINIMUM** of 10 days from the onset of symptoms
- Student is **symptomatic** with a **POSITIVE** test for SARS-COV2 and must stay home until 24 hours after fever has resolved, without the use of fever reducing medication, and other symptoms improving, with a **MINIMUM** of 10 days from both the onset of symptoms
- Student is **asymptomatic** but had a **POSITIVE** test for SARS-COV2 and must stay home for 10 days from the date of test. If symptoms develop, the student must **THEN** stay home a **MINIMUM** of 10 days from the onset of symptoms
- Student has a known exposure to someone with COVID-19 and must quarantine for 14-days from the **date of last exposure on** _____, regardless of test results.
- Student has returned to CT after being in a state on the latest CT Travel Advisory and must quarantine for 14 days from the date of return. **Date of return to CT:** _____