

# COVID-19 Acknowledgment Form

## Parents/Guardians

*In order for students to return to the school campus, this acknowledgment form must be agreed to and signed by the parent*

School: St. Joseph's Regional Catholic School

Student(s): \_\_\_\_\_  
\_\_\_\_\_

*(Initial each statement below)*

\_\_\_\_\_ I am aware of symptoms associated with COVID-19: 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, Diarrhea.

\_\_\_\_\_ If my child(ren) test positive for COVID-19, I ensure isolation according to local health department directives. Once released from isolation, a note from the healthcare provider indicating it is safe to return to school will be provided.

\_\_\_\_\_ If my child(ren) are exposed to a known case of COVID-19, then I ensure quarantine (14 days) according to local health department directives. Documentation from the local health department, indicating release from quarantine and return to school, will be provided.

\_\_\_\_\_ If my child(ren) symptoms associated with COVID-19 (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, and Diarrhea), I will keep my child(ren) home from school. I will provide a healthcare provider note if requested.

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

\_\_\_\_\_  
Date