



Travel Return to School Verification Form

Families will be required to complete this form after traveling by mass transportation, such as plane, cruise ship, or train. They will also be required to complete the form after attending an event with more than 250 participants that cannot guarantee social distancing (i.e. Disney World, Six Flags, etc.). After engaging in one or more of the activities described above, the parent must submit this form to the school prior to the student's return to campus.

Please verify which one of the following criteria your child meets following a high risk activity by initialing one statement.

_____ My child has tested negative for COVID (attach results) since returning from one or more of the events or activities described above.

_____ I request that my child be tested at Hope Academy using a kit approved by the Mississippi Department of Health. I understand that an appointment must be made with Mrs. Malissia Chitwood to complete this test.

Please verify the following information in addition to the information above. **Initial each item below. If the answer to any of the questions is yes, your child may not return to campus.**

1. Has your child exhibited any of the following symptoms in the last 36 hours: fever or chills, unexplained cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, unexplained congestion or runny nose, nausea or vomiting, diarrhea?

_____ No, my child has been symptom free without medicine to reduce fever or symptoms for at least 36 hours.

2. Has your child been in close contact with anyone that tested positive or who you would presume positive based on symptoms in the last 10 days?

_____ No, my child has not been exposed to anyone who tested positive for COVID-19 nor have they been exposed to anyone that I would presume positive based on symptoms in the last 10 days.

3. Did your child test positive for COVID-19 or would you presume they were positive in the last 10 days?

_____ No, my child has not tested positive for COVID-19 nor would I presume they were positive in the last 10 days.

Student Name: _____ Teacher/Homeroom: _____

Parent's Name: _____

Parent's preferred contact info (cell, text, email): _____

Parent's signature attests that all of the above information is true to the best of your knowledge.

Signature

Date

Office Use:

Date form received: _____

Date parent notified of clearance: _____ By: _____