



Student Return to School Verification Form

Students must be kept home if they are exhibiting symptoms of COVID-19 or other contagious illness, they have been exposed to someone who tested positive for COVID-19, or they tested positive for COVID-19. If your child has been kept/sent home for any of the three reasons above, you must complete this form PRIOR to their return to school. Complete the form and email it to the Preschool Director at malissia@hopeacademyfg.org or the principal for K-8 at principal@hopeacademyfg.org. Do not bring your child back to school with the form. The verification process must be completed and approved prior to readmission to class.

Initial each item below. If the answer to any of the questions is yes, you must keep your child at home.

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: _____

Via _____ text/Remind _____ call _____ email