



Port Jervis City School District



Return from Quarantine Note

If your child has been quarantined following a school exposure to COVID-19 this school year, have completed their ten (10) day quarantine following their exposure, and has not returned to in-person instruction as a result of not having clearance from a healthcare provider, this form may be used to obtain clearance from a school nurse.

Please return this form to the School Nurse prior to sending your child back to school.

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

My child was determined to be a direct or proximate contact in the school setting on \_\_\_\_\_. The quarantine period is from: \_\_\_\_\_ (Date)

If accurate, please initial the following statements:

\_\_\_\_\_ My child has been quarantined/out of school following exposure.

\_\_\_\_\_ My child has not tested positive for COVID-19 since the date of exposure.

\_\_\_\_\_ My child has not presented any symptoms of COVID-19 since the date of exposure.

\_\_\_\_\_ My child has not been determined to be a direct or proximate contact since the quarantine from the school setting.

\_\_\_\_\_ Parent Name (Please Print)

\_\_\_\_\_ Parent Signature

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For Office Use Only:

Form was received by school nurse on \_\_\_\_\_

Form was approved by school nurse on \_\_\_\_\_

Parent/Guardian contacted to confirm that student may return to in-person instruction \_\_\_\_\_

School Nurse Signature \_\_\_\_\_

School Medical Director Signature \_\_\_\_\_