

Return to School After a Mild Illness

This form is to be used in the absence of a licensed physician's excuse to return to school.

My child, _____, has been out of school for the following reason/s: _____.
Dates of the absence are _____.

Please respond to numbers 1 through 6. If non-applicable, mark as n/a.

1. ___ Temperature was low grade, reaching a high of _____ for _____ days. *If temperature ran over 100.5 °, a release is required from a licensed physician.*
2. ___ The child has been fever free for at least 24 hours without a fever reducing medication.
3. ___ The child had the following symptoms: _____.
4. ___ The child has been symptom free for at least 24 hours.
5. ___ My child has not been in direct contact with someone who has tested positive for COVID-19 in the last 10 days.
6. ___ My child has not been to any place that would be considered a high risk for contracting COVID-19 in the last 10 days.

Note: It is the parent's responsibility to give the school accurate information. The principal has the final approval of return to school without a written excuse from a licensed physician.

Parent Signature Date

Principal Signature Date