



Student Return to School

When your child is ready to return to school, complete this form and check off only one box. Return this form to covidsafety@stjudesacademy.com. If your child was tested for COVID-19, a copy of the test results should be sent as well.

If you have multiple children at the school, please complete one form for each child.

Your signature, as a parent or guardian of the child, confirms that the information is true. This is important to help decrease the spread of COVID-19 and protect the safety of all staff and students in the SJA community.

Student's Name: _____ Grade: _____

A COVID-19 test was taken and my child tested POSITIVE:

- My child has self-isolated for 10 days after the start of symptoms or from the date of the test (if no symptoms present); and any symptoms have improved for at least 24 hours and no fever is present.

A COVID-19 test was taken and my child tested NEGATIVE:

- My child's symptoms have improved for at least 24 hours.
- My child has been assessed by a health care provider and another diagnosis has been given. Symptoms have improved for at least 24 hours (if infectious cause).
- My child has been exposed to a positive COVID-19 case and has self-isolated for 14 days since the last date of exposure. My child is well and has no symptoms.

A COVID-19 test was not taken:

- My child's health care provider has diagnosed another medical condition and symptoms have improved for at least 24 hours (if infectious cause).
- My child has self-isolated for 10 days after the start of symptoms.
- My child has been exposed to a positive COVID-19 case, has self-isolated for 14 days since the last date of exposure and has not had any symptoms of COVID-19 in the past 10 days.

In addition to the checked box above, I confirm that my child has also passed the COVID-19 Screening tool.

Parent/Guardian Name: _____

Signature: _____ Date: _____