

**ST. MARY SCHOOL**  
**COVID-19 RETURN TO SCHOOL ACKNOWLEDGMENT AND CERTIFICATION**

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Dear Parents or Guardians of \_\_\_\_\_ [Student Name],

Thank you for all your efforts to support your child's education and our mission as we have all had to adjust, and readjust, to working through the pandemic. Because your child was directed to stay home due to either (1) a positive test for COVID-19; (2) the presence of COVID-19 symptoms; or (3) due to close contact with another person with COVID-19, your child must stay home for a period of time that will depend on the circumstances:<sup>1</sup>

1. **Your child is believed to have COVID-19 or tests positive, and has symptoms of COVID-19.<sup>2</sup> Your child may return to school when:**

\_\_\_ It has been 10 days since symptoms first appeared **and** at least 24 hours with no fever without fever-reducing medication, **and** other symptoms have improved.

OR

\_\_\_ There is currently no fever, respiratory symptoms (if any) have improved, and you have received two negative test results in a row for your child, at least 24 hours apart.

2. **Your child tested positive for COVID-19 but has no symptoms. Your child may return to school when:**

\_\_\_ 10 days have passed since the test and your child continues to have no symptoms.

OR

\_\_\_ You have received two negative test results in a row for your child, at least 24 hours apart.

3. **Your child has been in close contact with someone with COVID-19. Your child may return to school when:**

\_\_\_ Fourteen days have passed after exposure and your child continues to have no symptoms.

**Please check the above criteria that have been satisfied, allowing your child to return to school.**

By signing below you acknowledge that you are a legal parent or guardian of the above named child and have authority to sign this Acknowledgment and Certification and that you have knowledge of your child's condition. You further acknowledge and agree that (1) you have read and understand this Acknowledgment and Certification, (2) by checking the applicable criteria allowing your child to return to school you are representing that the criteria are satisfied, and (3) failure to make truthful representations could result in the removal of your child from school and, potentially, legal action.

Parent Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

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<sup>1</sup> Return to school criteria are based on CDC recommendations as of July 21, 2020. The school reserves the right to require that additional or more stringent return to school criteria be satisfied in the event of a change in circumstances including without limitation a change in CDC or local or state government recommendations, guidelines, or requirements. In the event of a change the school will notify you as soon as possible.

<sup>2</sup> Symptoms listed by the CDC as of July 21, 2020 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.