

Option 2 Attestation for Early Return to School from Quarantine

This option carries an increased risk of post-quarantine transmission

Name of Student/Employee:

Campus or Work Location of Student/Employee:

I am requesting Option 2 (Return to school after 10 days of quarantine due to close contact with an individual who tested positive for COVID-19) and attest to the following:

I have (if employee)/ My child has (if parent answering for student) completed 10 days of quarantine and have not experienced any COVID-related symptoms during this time.

I agree to continue daily monitoring for symptoms through day 14 including temperature checks at school as needed.

I agree (if employee)/ My child agrees (if parent answering for student) to adhere to all mitigation strategies that include:

- Correct and consistent mask use regardless of grade level
- Social distancing
- Hand and cough hygiene
- Avoiding crowds
- Also, see: [CDC Prevention Measures](#) .

I agree that my child will not ride the bus until day 15 unless absolutely necessary.

I understand that athletes may have additional requirements and I agree to accept them.

Parent Signature

Date

Student Signature

Date