

Orenda COVID-19 Student Re-Entry Form

*For Office Use:
Completed: Parent
Nurse w/ Parent Phone
Adobe form, virtual*

This form must be completed **by parents** for any student (1) confirmed with COVID-19, (2) suspected of having COVID-19, or (3) exposed to COVID-19 prior to the student returning to any Orenda Charter School campus.

Student Name: _____

Campus and Grade: _____

OPTION A: Complete this section if your student had a lab-confirmed COVID-19 case:

Date symptoms first appeared: _____

Parent, please initial each box indicating ALL CONDITIONS have been met:

- Improvement of symptoms; and
- At least 24 hours have passed with no fever, without the use of fever-reducing medication; AND
- At least 10 days have passed since symptoms first appeared, last date of symptoms: _____.

OPTION B: Complete this section if a student had COVID-19 like symptoms:

Date symptoms first appeared: _____

Parent, please initial each box indicating these conditions have been met:

- Date symptoms passed: _____ (10 days must pass since symptoms first appeared); AND
- Improvement of symptoms; AND
- At least 24 hours have passed with no fever, without the use of fever-reducing medication.
OR
- Parents have provided the school nurse with the official results of an acute infection test at an approved testing location that shows the student is negative for COVID-19
OR
- Parents have provided the school nurse documentation from a doctor with an alternate diagnosis explaining the student's symptoms

OPTION C: Complete this section if your student had a COVID-19 CLOSE CONTACT.

Date of last known close contact: _____

Parent, please initial each box indicating these conditions have been met:

- At least 10 days have passed since the last known date of close contact
OR
- At least 7 days have passed since the last known date of close contact AND a negative covid test result was obtained on day 5 or later

Parent/Guardian Signature

Date