



Dear Parent/Guardian of _____:

Please be advised that your student has been identified as a direct contact to a positive case of Covid-19. Your student must quarantine at home for 10 days since their last exposure to the positive case to monitor for COVID-19 symptoms. However, you may “opt in” to in-person learning during the quarantine period. By choosing the “opt in” option, you are agreeing to have your student wear a mask during the quarantine period while on school premises including the school bus. If your child will be exercising the “opt in” option during their quarantine period please complete the “Opt in During Quarantine” form on the back and return it to your school.

Exposure Date: _____ **Must wear a mask or quarantine at home until:** _____

If your student develops any known Covid-19 symptoms, please **do not** send them to school. Please contact your schools COVID team for further instructions. If your child develops symptoms one of the following must occur to be able to return to school:

- Minimum of 10 days have passed since symptom onset, has had no fever for 24 hours, and their symptoms are improving.
- Receives written permission from a healthcare provider to return to school with a specific date and their symptoms are improving.
- Receives a negative **PCR test** and symptoms are improving. (Please note that rapid tests are not accepted if your child has shown symptoms.)

Please do not hesitate to reach out to the COVID team with any questions or concerns.

COVID Team Contact #: _____



OPT in During Quarantine Form

I, _____ the parent/guardian of _____
am aware that my child has been identified as a direct contact of someone who has tested positive for COVID-19. I am choosing to opt my child into in-person learning during their quarantine period. I understand that LWCS board has approved a procedure that will require my student to wear a mask during this time while on school premises or at school functions. If my child does not follow the required mask procedure during quarantine, my child will complete the remainder of their quarantine period at home. If at any time my student develops known COVID-19 symptoms, I will keep my child home and follow the LWCS sick policy for return to school.

Student Name: _____ Grade: _____

Parent Name: _____ Contact #: _____

Parent Signature: _____