



## Parent/Guardian Attestation Form

School Reentry After Diagnosed

### POSITIVE FOR COVID-19

Complete this form if you request your child to return to school between days 6-10 after positive test or symptom onset (whichever is first). Please email the form to [schoolnurses@eurekausd.org](mailto:schoolnurses@eurekausd.org). You will receive an email to confirm the return date within 12 hours of receipt.

<b>Student Name</b>	
<b>Date of Positive Test OR Symptom Onset</b>	

### Part 1

Initial Each Box to Confirm

	My child's symptoms are improving (if they had symptoms).
	My child has been fever free for 24 hours, without fever reducing medication.
	My child has tested negative for COVID-19 on or after day 5 of exposure.
	I understand it is highly recommended, but not required, for my child to wear a mask through day 10 of the isolation time frame.

### Part 2

Testing Verification (Choose 1 option and complete)

<b>Option 1</b> Test in Community	Test Type: _____ Test Location: _____ Date Test Conducted: _____  I attest that the above named student was tested in the community, and received a negative result. I have attached evidence of the negative result.
<b>Option 2</b> At Home Test	Test Brand: _____ Date Test Conducted: _____ <ol style="list-style-type: none"><li>1. Write on the test or next to on a separate paper: date of test, student name, date of birth.</li><li>2. Take a picture of: test with results visible, test kit package.</li><li>3. Submit picture with attest form.</li></ol> I attest that the above named student tested negative as noted above and the picture submitted is of their test. I understand that providing a false result may endanger other students and staff.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name \_\_\_\_\_

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

Phone Number: \_\_\_\_\_