



JOHN BONER NEIGHBORHOOD CENTERS

Return To EDGE Form

DATE:

To the Parent(s) or Guardian(s) of: **Date of Birth:**

Your child exhibited the following symptoms which are consistent with COVID-19:

<input type="checkbox"/> Fever (temperature of \geq 100.4 F orally) or chills
<input type="checkbox"/> Loss of Taste or Smell
<input type="checkbox"/> Diarrhea, vomiting, or abdominal pain
<input type="checkbox"/> Sore Throat
<input type="checkbox"/> New uncontrolled cough that causes difficulty breathing or a change from baseline for asthmatics
<input type="checkbox"/> New onset severe headache, especially with fever

Your child had an exposure to:	<input type="checkbox"/> household contact with COVID-19	<input type="checkbox"/> close contact with COVID-19
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Additional notes from School Clinic Health Care Provider:

- **All persons with symptoms of possible COVID-19 infection are STRONGLY ENCOURAGED to be tested.**
- **All household members and close contacts need to quarantine while your child is awaiting test results.**
- **If you decide not to do recommended testing, the guidance for isolation and quarantine is required to be the same as if they had a positive test.**

Based on the current guidance from the Marion County Public Health Department, Indiana State Department of Health, and the Centers for Disease Control, the earliest date of return to school for your student is **[14 days after current date]**.

All of the following criteria must be met for return to school:

- Complete isolation PLUS be free of fever for 24 hours without medication AND have significant improvement in all symptoms
- Provide documentation of testing status before returning to school and/or quarantine for 14 days.
- Once results are back, please call the school as the instructions might change.

If you have questions about their return to school date, please call the clinic at the number below.

Warmest Regards,

EDGEFAM