**14823 Path Valley Rd. AN EQUAL RIGHTS AND**

**Willow Hill, PA 17271 OPPORTUNITY AGENCY**

**Phone: 717-349-7172**

**Fax: 717-349-2748**

*Verification/Return to School Form*

*(To be used for a “Positive Case” that is Returning to School)*

***To be completed by Parent/Guardian***

*Option A:*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian), attest to the following:

* At least ten (10) days have passed since the Student named below received a COVID-19 positive test; and
  + Date of positive test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The Pennsylvania Department of Health did not isolate the Student, or a health care provider did not recommend isolation, for more than 10 days.
* Student does not reside/live with any individual who is a Positive Case*.*

*Option B:*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian), attest that:

* Student has met the required conditions for returning to school as outlined and ordered by the Pennsylvania Department of Health. Student is required to provide the letter or document with the Department of Health’s recommended return to school conditions.
* Student does not reside/live with any individual who is a Positive Case.

Attached Physician Note and Pennsylvania Department of Health Letter: \_\_\_\_\_\_\_

* + Date of positive test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today's date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be completed by School District***

Date returned to School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_