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**ALTERNATIVE OPTIONS: RETURN TO SCHOOL FORM**  
**QUARANTINE DUE TO CLOSE CONTACT EXPOSURE OF COVID-19**

In accordance with LDH’s acceptance of CDC’s alternative to a 14-day quarantine for close contacts of an individual infected with COVID-19, the following options are available. If someone has tested positive in your household within the last 14 days, contact your school nurse.

**Please initial next to your selected option.**

\_\_\_\_\_ **A. The quarantine can end *after* day 10 post-exposure without testing and if**

- No symptoms have been reported during daily monitoring

\_\_\_\_\_ **B. The quarantine can end *after* Day 7 post-exposure if**

- Diagnostic specimen (molecular/PCR or antigen) tests negative (must attach a copy of negative lab results), and
- No symptoms have been reported during daily monitoring, and
- Specimen collected and tested within 48 hours before the time of planned quarantine discontinuation

**Please read and initial below indicating you understand the following:**

\_\_\_\_\_ I understand that there is a risk that an individual who is leaving quarantine early could transmit to someone else if they became infected.

\_\_\_\_\_ I understand that the existing 14-day quarantine protocol is the “gold standard” according to LDH guidance, guarantees the maximum reduction of post-quarantine transmission risk, and is the strategy with the greatest collective experience at present.

\_\_\_\_\_ I understand that by selecting an alternative option, all individuals, including (Pre K-12) **MUST** wear a mask at school and continue symptom monitoring through the remaining 14 days.

\_\_\_\_\_ I understand that I must return this signed form to the school nurse when my child returns.

<b>Student Name:</b>	
<b>Location:</b>	

**By signing my name on this form, I verify that my child has been symptom-free for the appropriate number of days and that the information indicated above is correct.**

<b>Signature:</b>	<b>Date:</b>
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