

K-12 School Guidance from the Lenawee County Health Department.

Alternate School Quarantine Option: Test to Stay (TTS)

Updated (1-20-2022)

BinaxNOW Antigen Testing Result Form

Facility Name _____ **Date of close contact** _____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6				
Date										
Result										
LISD Tech										

Individual Participant Information:

Students Full Name _____ Grade _____

Home Address _____

City _____ State _____ ZIP _____

Date of Birth _____

Parent Phone _____

Sex: M F Race/Ethnicity: _____ Tech Center Student Y or N

Any Covid-19 symptoms (e.g. fever, cough, shortness of breath, sore throat, vomiting, diarrhea, headache, loss of taste or smell?)

☐ YES

☐ NO

I, _____ (print parent name) give permission for my student _____ to be tested every other day at Sand Creek Community Schools for up to 6 days as needed under the updated **Alternate School Quarantine Option: Test to Stay (TTS)** from the Lenawee County Health Department (11.2.21).

In addition, I agree to the following:

- I will screen my child for COVID symptoms for 14 days after exposure. If my child is symptomatic, I will not send him or her to school, sports or other extracurricular activities. Symptoms include: cough, fever, shortness of breath, loss of taste/smell, chills/shivering, headache, sore throat, runny nose, congestion, muscle aches, abdominal pain, fatigue, nausea, vomiting, diarrhea
- If the test is negative and my child is not symptomatic, my child can stay in school while agreeing to wear a mask at school, on the bus and during extracurricular activities or sports for 10 days after exposure.
- If the test is positive, or my child becomes symptomatic, I will keep my child home from school, sports and other extracurricular activities.

Student Signature: _____ Date: _____

Parent/guardian Signature: _____ Date: _____

