

COVID-19 Quarantine Completion Acknowledgement and Release Form

I _____ [parent/guardian/staff name] confirm
that _____ [name of student or self] have/has
completed quarantine per Illinois Department of Public Health guidance from
* _____ [date] through * _____ [date].

Parent/Staff/Student (if not a minor) Signature

Date

Parent/Staff/Student (if not a minor) Printed Name

*School/Daycare staff to fill in dates