COVID-19 RETURN TO SCHOOL LOG FOR CLOSE CONTACT

STUDENT NAME: _____

DATE	TEMP	SYMPTOMS	MEDICATIONS	INITIALS

COVID-19 RETURN TO SCHOOL LOG

This form will need to be completed and brought to the Nurse's Clinic prior to student returning to class.

X_____   X_____

PARENT/GUARDIAN SIGNATURE   **NURSE SIGNATURE**

RETURN TO SCHOOL DATE: _____

Thank you for helping us keep our Broncos healthy!

Darcy Gonzalez, RN

Brianna Arghiropol, RN