



OUT-OF-STATE STUDENT TRAVEL

Students under the age of 12 are not required to travel quarantine or produce a negative test result upon their return to the Commonwealth of Pennsylvania

GENERAL INFORMATION

Student Name: _____ Grade: _____

Date Departed PA: _____

Date Returned to PA: _____

COVID-19 TEST AND QUARANTINE STATUS

I certify that one of the following is true:

- Above-named student traveled out of the Commonwealth but is not required to travel quarantine or produce a negative test result because one of the following is true about their travel:
 - They returned less than 24 hours after leaving the Commonwealth;
 - They traveled out of the Commonwealth for medical reasons; or
 - They traveled out of the Commonwealth to comply with a court order (including child custody).

- Above-named student was tested within 72 hours prior to their return to the Commonwealth of Pennsylvania, and either received a negative test result for COVID-19 prior to their return, or travel quarantined in Pennsylvania until a negative test result was received.
 - Date of negative test result received: _____

- Above-named student was unable to test, or did not test, within 72 hours prior to their return to the Commonwealth of Pennsylvania, and therefore travel quarantined until they were able to test in Pennsylvania and a negative test result for COVID-19 was received.
 - Date of negative test result received: _____

- Above-named student has travel quarantined for 14 days upon return from travel outside the Commonwealth of Pennsylvania.

- Above-named student travel quarantined for 10 days upon return from travel outside the Commonwealth of Pennsylvania. Student did not test positive for COVID-19 during travel quarantine. Student had no (and currently does not have) COVID-19 symptoms. Student agrees to wear a face covering, consistent with Updated Department of Health Orders, and shall comply with other non-pharmaceutical interventions, such as social distancing, through Day 14 of his/her return to the Commonwealth, while at school.

ATTESTATION

I attest that the above information is accurate and complete. I further attest that the above-named student has no COVID-19 symptoms and, to the best of my knowledge, the above-named student did not have close contact to a positive case. I further agree to monitor above-named student's symptoms and immediately report to the District any new or developed COVID-19 symptom.

Parent/Guardian Signature: _____ **Date:**

****Return this form to the building Administration****