



**RISE Resource Center
Student Send Home Form**

Name of person filling out form: _____

Name of student: _____

Date: _____

What are the student's symptom(s)? (Please circle all that apply)

Congestion

Cough

Loss of taste/smell

Runny Nose

Headache Nausea/Vomiting

Shortness of breath

Fever

Diarrhea

Other (please
specify) _____

My Student's symptoms began: _____

The student _____ was sent home from RISE Resource Center on

_____. The student was displaying the following symptoms _____

_____. The Student's temperature when picked up by the parent was: _____ The

student is required to complete the following (As per CDC and CEC COVID guidelines):

I understand that in accordance with CDC and CEC's guidelines and recommendations I am required to take the steps outlined above before my child is able to return to RISE Resource Center.

RISE Administration signature _____

RISE Administration print _____

Parent Print _____

Parent Signature _____

Date: _____

