**COVID GUIDANCE ON QUARANTINING**

**SOMEONE IN MY FAMILY IS BEING TESTED FOR COVID-19**

**STUDENT IS BEING TESTED FOR COVID-19**

**COVID Positive**

**Family Member**

**COVID-19 Positive STUDENT**

**POSITIVE RESULTS Contact Tracing Completed**

**Student being tested to stay home until results received.**

**If Negative may return to school**

**If Positive see box 1: COVID positive student.**

**Student(s) may come to school if no symptoms.**

**Encourage self-isolation of family member**

**\*5-DAY OUT OF SCHOOL**

**Student (s) may come to school if Asymptomatic**

**If Positive see box 2: COVID Positive Family member**

**Positive student home for 5 days from sym onset as day 0 or if no symptoms then test date as day 0.**

**Close Contacts:**

1. **Notify parent if no sym able to stay in school**
2. **If vaccinated fully, able to stay in school**
3. **If COVID positive in the last 90 days, able to stay in school.**

**Siblings may attend school if asymptomatic**

**If symptomatic at any time during the 5-day Q. student will need to complete 5-day Quarantine**

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