**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

MR Update 11/4/20