



## Parental Guidance Regarding COVID-19 Testing

Please **initial** ONE option below:

\_\_\_\_\_ **I give NDCL permission to observe my child’s self-administered COVID-19 test.**

I understand that the school will report positive test results to the Geauga County Health Department. The school will notify me by phone call, text, or email of the test result.

\_\_\_\_\_ **I will have my child tested in another way on Day #5 through Day #7 after exposure.**

I understand that I must share the test results with NDCL if my child wishes to discontinue the preventive measures, including wearing a mask at school. Acceptable tests are those proctored or observed; tests cannot be simply self-administered.

\_\_\_\_\_ **My child will not be tested.** He or she will follow the required preventive measures, including wearing a mask at school, for 14 days from the date of last exposure.

**PRINT** Child’s Name: \_\_\_\_\_

**PRINT** Parent’s Name: \_\_\_\_\_

**SIGNATURE** of Parent: \_\_\_\_\_

**DATE:** \_\_\_\_\_

For more information on COVID-19, please consult your family physician or visit the websites of the Ohio Department of Health or the Centers for Disease Control.

Please direct COVID-19 test results as well as any questions regarding this response plan to:

**Mrs. Jennifer Sintic, LPN**  
NDCL Contact Tracer and Quarantine Manager

[healthy.lions@ndcl.org](mailto:healthy.lions@ndcl.org)

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