[date]

Dear Parent or Legal Guardian:

[xxx] was tested for COVID-19 at Children’s Mercy on [xx/xx/2020].

_____ The test is **Positive** for COVID-19.

_____ Your child has symptoms. They should remain in home isolation until:
- there is no fever for at least 24 hours without the use of medicine to lower the fever and symptoms are better and
- at least 10 days have passed since their first symptoms started.

_____ Your child has no symptoms. They should remain in home isolation for 10 days from the date of the test. If your child develops symptoms during this time, home isolation must continue until:
- there is no fever for at least 24 hours without the use of medicine to lower the fever and symptoms are better and
- at least 10 days have passed since the first symptoms started.

_____ Your child has specific medical needs. They should remain in home isolation until: ____________________________

_____ The test is **Negative** for COVID-19.

_____ Your child has been exposed to COVID-19. They should remain in home isolation for 14 days from the date of last exposure. If your child develops symptoms during this time, home isolation must start again and continue until:
- there is no fever for at least 24 hours without the use of medicine to lower the fever and symptoms are better and
- at least 10 days have passed since the first symptoms appeared.

_____ Your child has no known exposure to COVID-19.
- No isolation is required after 24 hours with no fever and symptoms are better.

Thank you,

[signature]