[Date]

Dear Parent or Legal Guardian:

[Name] 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 quarantine for 14 days from the date of last exposure
    – If your child develops symptoms during this time, home isolation starts and should 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. Symptoms attributed to a non-COVID illness or condition
    – No isolation is required after 24 hours with no fever **and** symptoms are better

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