LOSTANT COMMUNITY UNIT SCHOOL DISTRICT 425
315 W 3rd Street • Lostant, Illinois 61334
Phone (815) 368-3392 • Fax (815) 368-3132
www.lostantcomets.org

COVID-19 SYMPTOM(S)

IN ORDER FOR YOUR CHILD TO RETURN BACK TO SCHOOL, A PHYSICIAN NEEDS TO COMPLETE THE BOTTOM PORTION OF THIS DOCUMENT OR YOUR CHILD STAYS HOME FOR 10 DAYS.

(THE LAST 24 HOURS WITHOUT A FEVER).

Date: _____

Name of student: _____

The student is going home for the following symptom(s): _____

_____

PHYSICIAN TO COMPLETE THE BOTTOM PORTION:

Name of student: _____

Physician's Signature: _____

The DATE that the student may return to school: _____

...where all students are given the opportunity to reach their highest potential.