



SHORTENED QUARANTINE/VOLUNTARY MASK AGREEMENT FORM

DHEC and the Centers for Disease Control and Prevention (CDC) have provided guidance stating that a person who is exposed to Covid-19 should quarantine for 14 days after the exposure. A person may reduce the time for quarantine under either of the following scenarios:

- 10 days of quarantine have been completed and no symptoms have been reported during daily at home monitoring.
- 7 days of quarantine have been completed, no symptoms have been reported during daily at home monitoring, and the individual has received results of a negative antigen or PCR/molecular test that was taken no earlier than day 5 of quarantine.

Shortened quarantine options require the individual to wear a mask for the remainder of the 14-day quarantine period.

By completing this form, you are requesting for your student to return to school under one of the shortened quarantine scenarios listed above. You further acknowledge that your student will wear a mask for the remainder of the student's quarantine period. You further acknowledge that if the student refuses to wear a mask, the student will forfeit the option to return to the school environment early, and the student will be required complete the remainder of the full quarantine period outside of school.

This form shall be completed by Parent, Guardian, Legal Custodian, Foster Care Provider, Student 18 Years of Age or Older, or Student Otherwise Authorized to Provide Consent

Parent/Guardian/Legal Custodian/Foster Care Provider Information

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Student Information

Name: _____

Student ID #: _____

Date of Birth: _____

Student Address: _____

Signature of Parent/Guardian/Legal Custodian/Foster Care Provider: (if student is under the age of 18)

_____ Date: _____

Signature of Student: (if age 18 or over or otherwise authorized to consent)

_____ Date: _____