



MONTGOMERY TOWNSHIP SCHOOL DISTRICT

1014 ROUTE 601 · SKILLMAN, NJ · 08558-2119

PHONE (609) 466-7600

PERMISSION FOR STUDENTS TO RETURN TO ATHLETIC ACTIVITIES FOLLOWING A POSITIVE TEST FOR COVID

Please Read Carefully Before Signing

I, the undersigned, am the parent/guardian of _____, a student that previously tested positive for COVID-19 and now wishes to participate in a school sponsored sport.

MTSD **RECOMMENDS** that all 12 years old and older students who test positive for COVID-19 obtain clearance from their physician before resuming athletic activities (recess and gym are excluded).

*Students who were hospitalized for Covid or had fever ≥ 4 days or muscle aches/chills ≥ 1 week are **REQUIRED** to have clearance from their physician before returning to sports.*

All students who return to school sponsored sports after a Covid infection are required to complete a **graduated return to play** to ensure that they can safely compete without increasing their risk of injury. For students who had mild infections, this typically means one day of light practice, one day of heavy practice and then full participation.

MTSD also recommends that any student, regardless of age or activity/participation level, gets evaluated by their physician if they have any concerning symptoms of cardiac involvement after a Covid-19 infection, such as chest pain, shortness of breath, heart-racing symptoms or fainting. Any student who develops these symptoms after returning to exercise should immediately stop exercising and require medical evaluation.

Please remember that all students who return to school after Covid are required to wear a mask from Day 6 to 10 after the onset of infection to limit the spread of Covid to others. Mask use is required for this time frame regardless of indoors or outdoors and including sports. If your student cannot exercise safely with a mask during this period, then they must abstain from that activity/sport until Day 11. Most students with mild infection can begin their graduated return to play during this time period as long as they can wear their mask.

For further information, please see the guidance from the [American Academy of Pediatrics](#) and [National Federation of State High School Associations and the American Medical Society for Sports Medicine](#).



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Before your child may resume participation in school sponsored sports, you must **initial one of the following boxes, sign below and return this fully executed form to your school nurse.**

_____ I **have** obtained clearance from a physician for my child to resume participation in athletic activities and I give my permission for my child to do so. Please see the attached note from our physician.

_____ I **have not** obtained a clearance note from a physician and ***my child had a mild infection. My child was not hospitalized for Covid, had fever for less than 4 days and muscle aches/chills less than 1 week. My child has no symptoms of Covid currently and has no complaints of chest pain, shortness of breath, heart racing or fainting.*** I acknowledge receipt of the above-referenced guidance and assume the risks from my child's participation in school sponsored sports following a positive COVID-19 test. I give permission for my child to participate in these activities without a physician's clearance note.

Parent/Guardian Signature

Print Parent/Guardian Name

Date

August 30, 2022