



# PARENT/STUDENT TRAVEL FORM

To ensure that all local/state and federal requirements are being met for out-of-state travel, I \_\_\_\_\_ attest that:

Parent's Name

\_\_\_\_\_ is traveling out of state.

Student's Name

Dates of travel: \_\_\_\_\_ thru \_\_\_\_\_

Location of travel: \_\_\_\_\_

### Select all that apply:

- My child is not traveling to a state where they must self-quarantine
- My child is not traveling outside of the United States
- My child is traveling to a self-quarantine state and will self-quarantine upon return from travel or provide a negative COVID test (non-rapid/PCR).

### Please initial in agreement:

- If my travel plans change to include a self-quarantine travel destination, I will notify the principal.
- If anyone becomes sick while traveling, I will contact the nurse immediately.
- I will also review the Massachusetts guidelines for self-quarantine prior to my child's return to school. I will respond accordingly in the event that my travel destination has been added or removed from the self-quarantine requirements for MA.

**LINK:** <https://www.mass.gov/info-details/travel-information-related-to-covid-19>

### I attest that all information is accurate.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade