

ARLINGTON CENTRAL SCHOOL DISTRICT

LaGrange Middle School

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CLEARANCE TO RETURN TO ATHLETICS AFTER A POSITIVE COVID-19 TEST FORM

The Arlington Central School District requires this form to be filled out for all students that test positive for COVID-19 and wish to return to interscholastic athletics.

Student Name: _____ Today's Date: _____

The student had a positive COVID-19 diagnostic test result on: _____

The student is cleared to return to athletics on: _____

Medical Provider's Name: _____

Date: _____

