

Date

Church Name
Address
City, State, Zip Code

**RE:** Disclosure of potential COVID-19 exposure

Dear Parent,

 The administration would like to make you aware that a student (*or staff member*) in our school has been exposed to COVID-19. According to our policy, the student (*or staff member*) will be (*insert your policy: receiving a COVID-19 test*) and our school community is being alerted to potential exposure.

 Due to HIPAA requirements, this is the extent of the information we can provide concerning this student (*or staff member*). Our recommendation is to monitor your family closely for symptoms, and if anyone in your family presents any symptoms, have them (*insert your policy: tested*) and follow school protocols in place for your student.

Please let us know if you have any concerns. We appreciate your support during this unprecedented time.

Sincerely,

Administration Signature