

K-12 SCHOOLS SYMPTOM SCREENING:
Parent/Guardian Attestation

Student's First and Last Name: _____

I promise to keep my child home if he/she has close contact (within 6 feet for at least 15 minutes) with someone diagnosed with COVID-19, or if any health department or health care provider advises me or any household member to quarantine.

Initial: _____

I promise to keep my child home if any of the following symptoms are observed:

Fever

Chills

Shortness of breath or difficulty breathing

New cough

New loss of taste or smell

Initial: _____

I promise to keep my child at home if he/she is diagnosed with COVID-19.

Initial: _____

Signature: _____

Date: _____