

Parental Assurance for Daily Student Health Assessment for School Year 2020-2021

I agree to perform the following health assessment on a daily basis before allowing my child to attend school in-person or to board the bus for transportation to school:

- . Temperature greater than 100.4
- . Cough
- . GI symptoms (vomiting/diarrhea)
- . New rash
- . Exposure to a COVID-19 case during the prior 48-hour period

If any of these symptoms are present, I assure the school _____ that my child will not attend school on the day these symptoms are present. I will notify the school of my child's absence. If my child develops any of these symptoms during the school day, I assure the school that I, or my designee, will pick up my child as soon as possible.

Student Name: _____

Guardian Signature: _____

Date: _____