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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**