

Please complete the following form and return to school each day that your child attends.

<b>Student's Daily Health Screening Attestation</b>	<b>Student's Daily Health Screening Attestation</b>
<b>Child's Name:</b> _____ <b>Bus</b> _____	<b>Child's Name:</b> _____ <b>Bus</b> _____
<b>Parent/Guardian:</b> _____	<b>Parent/Guardian:</b> _____
Has your child been in close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with Covid-19 or been advised by a health professional to quarantine? <input type="checkbox"/> yes <input type="checkbox"/> no	Has your child been in close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with Covid-19 or been advised by a health professional to quarantine? <input type="checkbox"/> yes <input type="checkbox"/> no
Does your child have any of these symptoms? <input type="checkbox"/> Fever greater than 100.3 <input type="checkbox"/> Chills <input type="checkbox"/> New cough <input type="checkbox"/> New loss of taste or smell <input type="checkbox"/> Shortness of breath or difficulty breathing	Does your child have any of these symptoms? <input type="checkbox"/> Fever greater than 100.3 <input type="checkbox"/> Chills <input type="checkbox"/> New cough <input type="checkbox"/> New loss of taste or smell <input type="checkbox"/> Shortness of breath or difficulty breathing
Has your child been diagnosed with Covid-19 since they last attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child been diagnosed with Covid-19 since they last attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No
I attest the above information is true to the best of my knowledge prior to my child attending school this day: ____/____/____	I attest the above information is true to the best of my knowledge prior to my child attending school this day: ____/____/____
<b>Parent Signature:</b> _____	<b>Parent Signature:</b> _____