

By signing below I agree that _____
is healthy and is not showing any signs or symptoms of illness. My student is not experiencing fever, cough, shortness of breath, fatigue, muscle aches, sore throat, vomiting, diarrhea or new loss of taste or smell. My student has not been in contact with anyone experiencing COVID like symptoms or someone with a confirmed case of COVID-19.

Parent Name: _____

Parent Signature: _____ Date: _____

For Office Use Only:

Temp: _____ Time: _____ Date: _____

Temp: _____ Time: _____ Date: _____

Temp: _____ Time: _____ Date: _____

By signing below I agree that _____
is healthy and is not showing any signs or symptoms of illness. My student is not experiencing fever, cough, shortness of breath, fatigue, muscle aches, sore throat, vomiting, diarrhea or new loss of taste or smell. My student has not been in contact with anyone experiencing COVID like symptoms or someone with a confirmed case of COVID-19.

Parent Name: _____

Parent Signature: _____ Date: _____

For Office Use Only:

Temp: _____ Time: _____ Date: _____

Temp: _____ Time: _____ Date: _____

Temp: _____ Time: _____ Date: _____