

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 in the past 14 days.

Parent Name: _____

Parent Signature: _____ Date: _____

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