

Child's Name: _____



Grade: _____

My child is not experiencing any of the following symptoms:

Temperature of 100.4 F	Sore Throat	Uncontrolled Cough	Diarrhea, vomiting, or abdominal pain	Severe Headache
Shortness of Breath	Fatigue	Muscle or Body Aches	Loss of Taste or Smell	Congestion or Runny Nose

To the best of my knowledge, in the past 14 days, my child has not been in close contact with anyone who has tested positive through a diagnostic test for COVID-19.

My child or a member of our household has not traveled internationally or from a state that is on the Quarantine List.

Parent/Guardian Signature: _____

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