

**K-12 Schools Student Screening  
Parent/Guardian Attestation**

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Parent/Guardian's First Name \_\_\_\_\_ Parent Guardian's Last Name \_\_\_\_\_

Parent/Guardian Signature attesting to accuracy of information provided below: \_\_\_\_\_

<p><b>MONDAY</b></p> <p>1. Has your child had close contact (within 6 feet for 15 minutes or more) with someone diagnosed with Covid 19, or has any health department or health care provider contacted you and advised you to quarantine?</p> <p><input type="radio"/> Yes (student must stay home) <input type="radio"/> No</p> <p>2. Does your child have any of these symptoms?</p> <p><input type="radio"/> Fever <input type="radio"/> Chills <input type="radio"/> Shortness of Breath/difficulty breathing <input type="radio"/> New Cough <input type="radio"/> New loss of taste or smell</p> <p>(Yes to any of the above, student must stay home)</p> <p>3. Since your child was last at school, has he/she been diagnosed with Covid 19?</p> <p><input type="radio"/> Yes (student must stay home) <input type="radio"/> No</p> <p>I attest the above information to be true as of</p> <p>Date: _____ Time _____ Initial _____</p>	<p><b>TUESDAY</b></p> <p>1. Has your child had close contact (within 6 feet for 15 minutes or more) with someone diagnosed with Covid 19, or has any health department or health care provider contacted you and advised you to quarantine?</p> <p><input type="radio"/> Yes (student must stay home) <input type="radio"/> No</p> <p>2. Does your child have any of these symptoms?</p> <p><input type="radio"/> Fever <input type="radio"/> Chills <input type="radio"/> Shortness of Breath/difficulty breathing <input type="radio"/> New Cough <input type="radio"/> New loss of taste or smell</p> <p>(Yes to any of the above, student must stay home)</p> <p>3. Since your child was last at school, has he/she been diagnosed with Covid 19?</p> <p><input type="radio"/> Yes (student must stay home) <input type="radio"/> No</p> <p>I attest the above information to be true as of</p> <p>Date: _____ Time _____ Initial _____</p>
<p><b>THURSDAY</b></p> <p>1. Has your child had close contact (within 6 feet for 15 minutes or more) with someone diagnosed with Covid 19, or has any health department or health care provider contacted you and advised you to quarantine?</p> <p><input type="radio"/> Yes (student must stay home) <input type="radio"/> No</p> <p>2. Does your child have any of these symptoms?</p> <p><input type="radio"/> Fever <input type="radio"/> Chills <input type="radio"/> Shortness of Breath/difficulty breathing <input type="radio"/> New Cough <input type="radio"/> New loss of taste or smell</p> <p>(Yes to any of the above, student must stay home)</p> <p>3. Since your child was last at school, has he/she been diagnosed with Covid 19?</p> <p><input type="radio"/> Yes (student must stay home) <input type="radio"/> No</p> <p>I attest the above information to be true as of</p> <p>Date: _____ Time _____ Initial _____</p>	<p><b>FRIDAY</b></p> <p>1. Has your child had close contact (within 6 feet for 15 minutes or more) with someone diagnosed with Covid 19, or has any health department or health care provider contacted you and advised you to quarantine?</p> <p><input type="radio"/> Yes (student must stay home) <input type="radio"/> No</p> <p>2. Does your child have any of these symptoms?</p> <p><input type="radio"/> Fever <input type="radio"/> Chills <input type="radio"/> Shortness of Breath/difficulty breathing <input type="radio"/> New Cough <input type="radio"/> New loss of taste or smell</p> <p>(Yes to any of the above, student must stay home)</p> <p>3. Since your child was last at school, has he/she been diagnosed with Covid 19?</p> <p><input type="radio"/> Yes (student must stay home) <input type="radio"/> No</p> <p>I attest the above information to be true as of</p> <p>Date: _____ Time _____ Initial _____</p>

**This form must be completed DAILY, including parent/guarding date/time/initial, and displayed to the bus driver upon boarding a school bus. Failure to provide this form may result in loss of bus rider privileges. See reverse side for information about return to school guidelines.**