

**PARENT/GUARDIAN ATTESTATION
DAILY COVID SYMPTOM SCREENING**

Child's First Name: _____ Child's Last Name: _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

1. Has your child had close contact (within 6 feet for at least 15 minutes cumulatively over a 24 hour period) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you or your child to quarantine?

- **Yes:** Notify your child's school. You will be advised regarding appropriate next steps according to the *Employee / Student COVID-19 Flowchart*.
- **No:** Your child can be at school if your child is not experiencing symptoms.

2. Does your child have any of the following symptoms? Fever (temperature of 100.4°F or greater), headache, sore throat, shortness of breath or difficulty breathing, new cough, diarrhea and/or vomiting, new loss of taste or smell

- **Yes:** Your child should not attend school. Notify your child's school, possibly in conjunction with your healthcare provider, for consultation regarding appropriate next steps.
- **No:** Your child can be at school if your child is not experiencing symptoms.

3. Since they were last at school, has your child been diagnosed with COVID-19 (or have they been symptomatic but have elected NOT to get a COVID-19 test)? Yes No

- **Yes:** Your child should stay at home. Notify your child's school and receive consultation;. You must meet *Criteria for Return to School* (supplied by your school's administrator or school nurse during consultation.):

****Please note: Results from "over-the-counter", "home" or "self-administered" COVID-19 tests will not be accepted by Caldwell County Schools.**

By signing below, I attest to the following:

1. I will screen my child every day for the 2021-22 school year and will NOT send my child to school if the answer to any of the questions above is YES.
2. By sending my child to school on any given day, I certify that I have screened my child on that day and the answer to ALL of the questions above is NO.
3. If my child is diagnosed with COVID-19 or identified as a close contact, I will not send my child back to school until they meet the criteria for return.
4. I will contact the school if my child has any COVID like symptoms or exposures to COVID-19.
5. I understand that results from "over-the-counter", "home" or "self-administered" COVID-19 tests will not be accepted by Caldwell County Schools.

Parent / Guardian Signature _____ Date _____

The District reserves the right to discontinue the use of this form, to require the use of a different form, or to require in-person screening at any time.