



I acknowledge that my child is not displaying any of the following symptoms prior to attending school today.

- NEW or CHANGING cough
- Shortness of breath

Or **at least two** of these symptoms:

- Fever (over 99.5 degrees)
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Parent Signature

Date

Parent Printed Name

Student Printed Name