

Attestation Form

	Child's Name: _		School:		
COUNTY SCHOOLS	Parent's Name:		Grade: _		
	be completed for each stud ol. The form should be com	•	•	ent beginning in	
COVID-19, or has any hea YES > The child some	e contact (within 6 feet for a alth department or health cashould not be at school. The cone with COVID-19, or as lian be at school if the child is	re provider been in conta e child can return 14 days sted below.	act with you and advised s after the last time he o	d you to quarantine?	
2. Does your child have a	ny of these symptoms?				
☐ Fever ☐ Chills			If a child has any of these symptoms, they should stay home, stay away from other people, and you should call the child's health care provider.		
 □ Shortness of breath or difficulty breathing □ New cough □ New loss of taste or smell 		I understand that should my child develop any symptoms while at school, I will promptly arrange to have him/her picked up within 30 minutes of notification.			
3. Since they were last at been diagnosed with COV		If your child is diagnosed with CO but has had symptoms, they may	VID-19 based on a test, their symptoms, or not be at school and must stay at home un	does not get a COVID-19 test till they meet the criteria below.	
□ NO	Criteria for Return	after Diagnosis of Clos	e Contact		
	ol when a family member ca	n ensure that they can a		questions:	
	st 10 days since the child fir				
	st 24 hours since the child h	,	•	e)?	
	ymptom improvement, includ ve COVID-19 test (<u>and was</u>	•		urn to school once	
_	ne use of fever-reducing me		, .		
_	sed with COVID-19 but does te of their first positive COVI se their positive test.		-		
out of school for 14 days s	ined to have been in close of since the last known contact te the full 14 days of quaran	, unless they test positive	e. In which case, criteria	•	
By signing below, I attes	st to the following:				
1. I will screen my ch	ild every morning, every day	_	ear and will NOT send m	y child to school if	
_	of the 3 questions above is Y ild to school on any given da		ened my child on that da	ay and the answer to	
ALL 3 of the quest	ions above is NO.	-	-		
3. If my child is diagr	nosed with COVID-19, I will no	ot send my child back to s	school until they meet the	e criteria for return.	
Parent / Guardian Signature			,,	:AM/PM	
		Month	Day Year	Time	