



COVID 19 Parent Health Statement

To the best of my knowledge, my child _____, nor anyone in

our household has had a fever of 99.9 or higher and symptom free for the past 7 days. I also

affirm the following statements to be true.

- They or anyone in the household do not have a fever of 99.9 degrees or higher
- They or anyone in the household have not shown additional symptoms of a respiratory infection such as cough, shortness of breath, and sore throat
- They or anyone in the household have not come in contact with someone who has a confirmed diagnosis of COVID-19 in the past 14 days
- They or anyone in the household have not come in contact with someone who is ill with a respiratory illness
- They have not traveled internationally or to other US States

I affirm that if my child develops a fever or signs and symptoms, I do have an adult prepared to pick up my child within 30 minutes of being notified.

Wednesday 04/01/2020 Signature: _____ Temp. _____

Thursday 04/02/2020 Signature: _____ Temp. _____

Friday 04/03/2020 Signature: _____ Temp. _____

Monday 04/06/2020 Signature: _____ Temp. _____

Tuesday 04/07/2020 Signature: _____ Temp. _____

Wednesday 04/08/2020 Signature: _____ Temp. _____

Thursday 04/09/2020 Signature: _____ Temp. _____

Friday 04/10/2020 Signature: _____ Temp. _____

Monday 04/13/2020 Signature: _____ Temp. _____

Tuesday 04/14/2020 Signature: _____ Temp. _____

Wednesday 04/15/2020 Signature: _____ Temp. _____

Thursday 04/16/2020 Signature: _____ Temp. _____

Friday 04/17/2020 Signature: _____ Temp. _____

Monday 04/20/2020 Signature: _____ Temp. _____

Tuesday 04/21/2020 Signature: _____ Temp. _____

Wednesday 04/22/2020 Signature: _____ Temp. _____

Thursday 04/23/2020 Signature: _____ Temp. _____

Friday 04/24/2020 Signature: _____ Temp. _____

Monday 04/27/2020 Signature: _____ Temp. _____

Tuesday 04/28/2020 Signature: _____ Temp. _____

Wednesday 04/29/2020 Signature: _____ Temp. _____

Thursday 04/30/2020 Signature: _____ Temp. _____