

LOSTANT PARENT SELF-CERTIFICATION FORM

If you would like for your child to avoid being screened by a school employee in the morning (asked all of the Covid-19 questions), please fill out one of these forms each day. Your child will still have their temperature taken every morning before entering the school building.

If you have multiple children, each of your children will need a separate form.

STUDENT'S NAME:

X _____

PARENT/GUARDIAN SIGNATURE

I certify that I have checked my child today and he/she is NOT exhibiting any of the COVID-19 symptoms below nor have they tested positive or recently been exposed to someone who has tested positive for COVID-19 to my knowledge.

- | | |
|-----------------------------|------------------------|
| COUGH | CHILLS |
| SHORTNESS OF BREATH | MUSCLE/BODY ACHES |
| DIFFICULTY BREATHING | VOMITING/DIARRHEA |
| FEVER (ABOVE 100.4 DEGREES) | LOSS OF TASTE OR SMELL |

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