



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

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Parent Signature

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Date

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Parent Printed Name

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Student Printed Name