



COVID-19 SYMPTOM DISCLAIMER

By signing below, I verify that my child DOES NOT have the following symptoms (not caused by another condition):

- Fever of 100.4° or higher
- Cough
- Shortness of Breath or Difficulty Breathing
- Chills
- Fatigue
- Muscle Pain or Body Aches
- Headache
- Loss of Taste or Smell
- Sore Throat
- Congestion or Runny Nose
- Nausea or Vomiting
- Diarrhea
- Other signs of new illness that are unrelated to a preexisting condition (such as seasonal allergies)

AND that the following DO NOT apply to my child:

*Medication was given to reduce fever before coming to school

*Anyone in the household has the above listed symptoms

*Has been in close contact with anyone suspected or confirmed with COVID-19

I will NOT send my child to school if any of the above apply.

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Parent's Signature _____ Date _____

Printed Name _____