

PARENT/GUARDIAN ATTESTATION

The signature on this form indicates the understanding and agreement on the part of the parent/guardian/student that the student will be monitored every morning before school for illness. By signing this form, you acknowledge and agree that your child is **REQUIRED** to stay home if exhibiting signs of illness, and that you will notify the school if your child is kept home due to such illness.

MONITOR: By signing this form, you agree to monitor your child every morning before school for the following conditions. If you answer “YES” to any of these questions, the student should remain at home:

1. Fever (100.4 or greater) **Temperature must be taken prior to administration of any fever-reducing medication. DO NOT send your child to school if fever-reducing medication has been administered prior to a temperature check if you suspect they are exhibiting signs of fever.*
2. Sore Throat
3. Cough/ Shortness of Breath
4. Muscle and/or Body Aches
5. Severe Headache
6. Nausea/ Vomiting/ Diarrhea
7. Has the child been in close contact with anyone who has been **diagnosed** with COVID19?
8. Has the child been in close contact with anyone who has been placed on quarantine for **probable** contact with COVID19?
9. Has the child traveled outside of the United States within the past thirty (30) days?

Please seek medical attention as needed with either your personal medical provider OR one of our AHEC School Clinic providers. A flyer with AHEC School Clinic information is available.

You also agree that if your child becomes ill during the school day, you will be expected to pick your child up **IMMEDIATELY** from school. You are required to notify school if you change your phone number or address.

This will also include compliance of exclusion from school if ordered by Florida Department of Health-Monroe, Epidemiology Division.

STUDENT NAME: _____ DOB: _____

ATTESTATION: I understand and agree to follow the requirements:

1. I will monitor my child for illness every morning before school.
2. If my child is ill, I will keep my child home from school.
3. I will notify the school each time my child is ill.
4. I will immediately notify the school of any changes to my phone number or address.
5. If my child becomes ill during school, I will pick up my child immediately.
6. I will follow any/**ALL** guidelines from Florida Department of Health-Monroe, Epidemiology Division if/when contact tracing requires my child to be excluded/ quarantined from the school setting.

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ PHONE: _____

SIGNATURE: _____ DATE: _____