

# Alpha Public School

## Parental Student Health Check Confirmation

In order to ensure the health and safety of everyone in our building, please complete the following COVID-19 confirmation form.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
Parent/Guardian Name Student's Name

certify that before sending my child to school, I will evaluate the above named student(s) daily for the following symptoms of COVID-19.\* These symptoms are based on the Center of Disease Control and Prevention ("CDC") guidance.

- A fever of 100.4° F or great
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle Pain
- Headache
- Sore throat
- New loss of taste or smell
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Blush lips or face

I certify that, if the above-named student(s) is experiencing one or more of these symptoms that are not otherwise explained, I will refrain from sending the student(s) to school, and will notify the School Principal and/or the school nurse of this health issue as soon as possible. I also understand that the temperature of the above-named student(s) will be taken daily upon entering the school building. I also understand that if the temperature registers 100.4 degrees or higher, my child will be sent home from school.

By signing this form, I affirm that my representations are valid for 2020-2021 school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Student