



## Parent Agreement Form

By signing this agreement, I am agreeing to the following:

On a daily basis ***before sending your child to school***, please ensure that no one in your family has had any of the following COVID-19 symptoms:

- A fever (100.4 or higher) or a sense of having a fever
- A new cough that cannot be attributed to another health condition
- New shortness of breath that I cannot attribute to another health condition
- A new sore throat that I cannot attribute to another health condition
- New muscle aches (myalgias) that I cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)
- Loss of smell or taste
- Headache that I cannot attribute to another health condition

If your child has any of these symptoms on any day, please do not send your child to school. In addition, if you test positive for COVID-19 and any one in your family has tested positive in the past 14 days, you need to report the positive test result immediately to your child's school.

I agree to take my child's temperature each day before sending my child to school.

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Parent Printed Name

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Parent Signature

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Date