



Parent Agreement Form

By signing this agreement, I am agreeing to the following for the rest of the 2021-22 school year:

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 that are new or outside of baseline:

- A fever (100.4 or higher) or a sense of having a fever
- Chills
- Cough
- Shortness of breath/difficulty breathing
- New loss of taste or smell
- Fatigue
- Muscle or body aches
- Headache
- Sore Throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

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 send my student to school each day with a Department of Health approved mask. You can find a description of approved masks at:

<https://www.doh.wa.gov/Emergencies/COVID19/ClothFaceCoveringsandMasks/ClothFaceCoveringsandMasksFAQ#heading44624>

Student Printed Name

Parent Printed Name

Parent Signature

Date