

## Parent/Guardian Attestation of Daily Temperature/COVID-19 Symptom Screening

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Student's School: \_\_\_\_\_

The Churchville-Chili Central School District is committed to complying with New York State Education Department and Department of Health guidelines for supporting the health and safety of the school community. These guidelines require all students who attend in-person instruction, to have their temperature taken at home each morning. Parents/guardians should do this daily, prior to the student departing for school. A student may not attend in-person instruction at school if his/her temperature is 100.0° F or greater.

By signing the form below, you are attesting that you will take your child's temperature each day before school and will not send your child to school if he/she has a temperature that is 100.0° F or greater. You are also attesting that you will not send your child to school if he/she exhibits any of the common symptoms associated with COVID-19, including those listed below and any others identified by the Department of Health following completion of this form:

- Fever or chills (100.0° F or greater);
- Cough;
- Shortness of breath or difficulty breathing;
- Fatigue;
- Muscle or body aches;
- Headache;
- New loss of taste or smell;
- Sore throat;
- Congestion or runny nose;
- Nausea or vomiting; and/or
- Diarrhea

Additionally, in the event that your child has symptoms or has been exposed to someone with symptoms of COVID-19 as stated above, do you give permission for the school nurse to perform a rapid COVID test on your child?  Yes  No

(Please note that you will receive a call from the school nurse prior to testing.)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

Please return this form to the nurse's office of your child's school by September 10, 2021.