

# Polk County Schools

## K-12 Parent/Guardian Health Attestation 2020-2021 School Year



Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The success of Polk County Schools's reopening depends on everyone doing their part to keep our schools safe. For students receiving their instruction in our classrooms, it is important that parents only send students to school when they are healthy.

By signing this attestation, parents agree to assess the health of their student each day.

Parent/Guardian agrees to not send their student to schools if he/she:

1. Has any of the following symptoms.
  - a. Fever of 100.4°F or greater
  - b. Chills
  - c. Shortness of breath or difficulty breathing
  - d. New cough
  - e. New loss of taste or smell
2. Has been diagnosed with COVID-19.
3. Has been in close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone who has been diagnosed with COVID-19 or has symptoms of COVID-19.
4. Has been advised by a health department or health care provider to quarantine.

Parent/Guardian agrees to not medicate their student so he/she meets the requirements of this attestation.

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Superintendent

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Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_