



COVID-19 Attestation and Agreement to Conduct Daily Health Screenings

To maintain the health, safety and well-being of all students and staff and to comply with health department requirements, the Pasco School District requires parents/guardians to complete this COVID-19 Attestation and Agreement before the start of each trimester.

As the parent/guardian to the student(s) listed on this form, I **attest and agree** that I will conduct, or will ensure a caregiver conducts, the following health screening for my student each day prior to them arriving at school, riding a school bus, or engaging in any school activity located on or off Pasco School District property.

By sending the child to school, you attest that the answer to each question is **NO**. If you can answer **YES** to any of the questions below, you agree to keep your student at home from school and to contact the child's school to excuse the absence and tell the school the child did not pass the health screening.

1. Is the child currently waiting for a COVID-19 test result?
2. Has the child tested positive for COVID-19 within the last 10 days?
3. Within the last 14 days, has the child been in close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with anyone with a confirmed or suspected case of COVID-19?
4. Within the last 14 days, has the child been told by a medical professional to isolate or quarantine?
5. (Beginning in November 2020) Since the child last attended school, has the child experienced any one of the following symptoms:
 - a. A fever over 100.4 degrees?
 - b. Cough or difficulty breathing?
 - c. A loss of taste or smell?
 - d. Headache, muscle aches or body aches?
 - e. Fatigue?
 - f. Sore throat?
 - g. Runny nose or congestion?
 - h. Nausea, vomiting, or diarrhea?

I understand that if I send my student to school with any COVID-19 symptoms or they develop symptoms at school, they will immediately be isolated, the parent/guardian will be notified, the student will need to be picked up immediately, and the parent/guardian will be required to work with the school nurse on when their child can return to school. I will provide the school with a working phone number and emergency contacts in case my child must be picked up at school. I understand the COVID-19 guidance from the health department is subject to change and may be updated as new information is received by Pasco School District.

Student(s) Name	Birth Date	Grade	Teacher	Student Number

Parent/Guardian Signature	Daytime Phone Number	Emergency Contact Name/Number