



Parental Assurance for Daily Student Health Assessment

School Year 2020-2021

I agree to perform the following health assessment on a daily basis before allowing my child to attend school in-person or to board the bus for transportation to school:

- Temperature greater than 100.4
- Cough
- GI symptoms (vomiting/diarrhea)
- New rash
- Exposure to a COVID-19 case during the prior 48-hour period

If any of these symptoms are present, I assure the *Martin County School District* that my child will not attend school on the day these symptoms are present. I will notify the school of my child's absence. If my child develops any of these symptoms during the school day, I assure the district that I, or my designee, will pick up my child as soon as possible.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____