

I am certifying that as the parent of the child below, **A)** I have taken my child’s temperature this morning; **B)** I am not aware of my child or any family members having COVID-19 or any of the COVID-19 symptoms (fever above 100.4 degrees, 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, diarrhea); **C)** My child has not been in close contact with anyone having COVID-19 within the last 14 days; **D)** My child has not traveled to an IDPH restricted area within the last 14 days; and **E)** My child or any family members do not have pending covid test results. **F)** I am also aware that I will be required to wear a mask and maintain social distance when at school.*If you cannot certify any of the above, please contact the district nurse for guidance, prior to sending your child to school.

Date	Student Name (Print)	Parent Signature
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Date, Student Name, and Parent Signature Must Be Complete on a Daily Basis

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