

I am certifying that as the parent of the child below, I have taken their temperature this morning and am not aware of my child having COVID-19 or any of the COVID-19 symptoms including A) fever above 100.4 degrees, B) Cough; C) Shortness of breath or difficulty breathing; D) Fatigue; E) Muscle or body aches: F) Headache; G) New loss of taste or smell; H) Sore throat; I) Congestion or runny nose; J) Nausea or vomiting: or K) Diarrhea. I am also certifying that I am not aware of them being in contact with anyone having COVID-19 within the last 14 days or traveled to an IDPH restricted area within the last 14 days. Lastly, I am aware that my child will be required to wear a mask and maintain social distance when at school.

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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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