

Crockett County Schools

Parental Assurance for Daily Student Health Assessment for School year 2020-2021

I agree to perform the following health assessments 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 99.5
- Cough
- Shortness of Breath
- Sore Throat
- New loss of taste and/or smell
- GI Symptoms (vomiting/diarrhea)
- Exposure to a COVID-19 case during the prior 48-hour period

If any of these symptoms are present, I assure the Crockett County School System that my child will not attend school on the day these symptoms are present. I will notify the school of my child's absence. While attending school, 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: _____

Guardian Name: _____

Date: _____