

**K-12 Parent/Guardian Attestation**  
**Covid-19 Screening for the 2020-21 School Year**

Child's Full Name: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

1. I will not allow my child to attend school in person on any day that any of the following is true:

- Within the last 14 days, my child has been within 6 feet for at least 15 minutes of someone who has been diagnosed with Covid-19;
- A health department representative or healthcare provider has been in contact with me and advised me or any member of my family to self- quarantine;
- My child has any of the following symptoms **OR** has been exposed to a household member with the following symptoms:
  - fever of 100.0 degrees F or above
  - chills
  - cough
  - shortness of breath or difficulty breathing
  - new loss of taste or smell
  - sore throat
  - headache
  - muscle or body aches
  - nausea, vomiting, or diarrhea
  - fatigue
  - nasal congestion or runny nose
- My child has traveled outside of the approved region designated by the Massachusetts COVID-19 travel order and has yet to fulfill his/her 14 day quarantine requirement; **OR**
- My child has been diagnosed with Covid-19

2. In addition to not allowing my child to attend school in person on any day that any of the items listed in paragraph 1 above is true, I will advise the principal of the issue and abide by the instructions given to me regarding under which circumstances my child may return to school.

3. I will have my child participate in remote instruction on any day that he/she is well enough to participate in school but absent due to any of the items listed in paragraph 1 above.

**K-12 Parent/Guardian Attestation**  
**Covid-19 Screening for the 2020-21 School Year**

4. By submitting this attestation, I attest that none of the conditions listed in paragraph 1 above is true of my child. I further attest that I will monitor my child daily throughout the 2020-21 school year and on any day that any of the conditions listed in paragraph 1 above is true for my child, I will not allow my child to attend school in person.

---

Parent/Guardian Signature

Date