

VERITAS CHRISTIAN ACADEMY SYMPTOM SCREENING

Parent Commitment

Please complete this and bring it with you the first day of school.

Family Last Name:

Student First Name(s):

By signing this document, you agree that you will be attentive to the following symptoms typically associated with COVID-19 and will not knowingly send your child(ren) to school or to a school sponsored event on any day of the 2020-2021 academic school year if any of the following statements are true:

- My child(ren) currently has COVID-19.
- My child(ren) has had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19.
- My child(ren) is under current orders from a health authority to be in quarantine.
- My child currently has any of the following symptoms:
 - Fever
 - Chills
 - Atypical shortness of breath or difficulty breathing
 - New cough
 - New loss of taste or smell

Parent First Name: _____

Parent Last Name: _____

Signature: _____

Date: _____