Craven
COUNTY SCHOOLS
Today's Learners... Tomorrow's Leaders

Parent/ Guardian Attestation
Summer School Session 2021

In order to provide a safe and healthy environment for all students, it is important that parents/guardians monitor their children for the following symptoms each day and keep them at home for even one symptom on the list. The parent/guardian should notify the school nurse of any symptom(s) the student may be experiencing or if any of the following statements are true. The school nurse will work with the family to ensure the student's health issues are addressed appropriately.

Symptoms for which the student should remain at home:

- Fever of 100 degrees Fahrenheit or higher
- Sore throat
- Difficulty breathing (for people with asthma, a change from their baseline breathing)
- Cough (for people with chronic cough due to allergies or asthma, a change in their cough from baseline)
- NEW loss of taste or smell
- Diarrhea or vomiting
- New onset of severe headache

Situations for which the student should remain at home:

- The student has been diagnosed with COVID-19 since they were last at school.
- The student has had close contact* with any of the following in the last 14 days: (*Close contact is defined as 6' or less for a cumulative period of 15 minutes or more in a 24 hour period.)
    1. Someone who has tested positive for COVID-19
    2. Someone who has COVID-like symptoms
    3. Someone who is awaiting test results for COVID-19
- A health department staff member or health care provider has been in contact with the student's parent or guardian and advised the student to quarantine since they were last at school.

I attest that I will monitor my student _____ for the

PRINT Student Name

above symptoms daily and keep them at home if any symptoms are present or any of the above statements are true. I understand that my student cannot ride the bus to or from school under these circumstances. I understand my student may not participate in any athletic or other extracurricular school activities if they have one or more symptoms or one or more statements are true. *I understand that all staff and students will be required to continue wearing masks on buses and inside school buildings until such time that all students have had the opportunity to be vaccinated fully against COVID-19.*

_____	_____	_____
Print Parent/Guardian Name	***Signature of Parent/Guardian***	***Date***