

DCS Transportation Parent/Guardian Attestation

**Please complete the information below. Circle Yes or No for the questions at the bottom:*

Child's first & last name _____ Phone#: _____

- Does your child have any of these symptoms?:

Fever

Chills

Shortness of breath or difficulty breathing

New cough

New loss of taste or smell

- Has your child been in close contact with someone diagnosed with Covid-19 or has any health official advised you to quarantine in the past 14 days?
- Since they were last at school, has your child been diagnosed with Covid-19?

Yes or No I attest that the answer to the following questions is true to the best of my knowledge and I will NOT send my child to school with any question that has been answered yes.

Parent/Guardian first & last name: _____ Date: _____
(Signature)

Rev.9/25/20

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