



Parental Covid-19 Attestation Form

CHILD'S INFORMATION

First name

Last name

Birth date

Gender at Birth

COVID19 Positive Test Date

School Name

Grade (For academic year 2021/2022)

PARENT/GUARDIAN INFORMATION

First name

Last name

Relationship

Cell Phone

Home Phone

Email

Since having COVID-19 has your child experienced:

Excessive shortness of breath?	YES	NO
Chest pains?	YES	NO
Palpitations (fluttering of heart)?	YES	NO
Syncope (dizziness, fainting or light headiness)?	YES	NO

Was your child hospitalized? YES NO

Did your child experience fevers greater than 100.4 degrees for more than 4 days or a fever higher than 103 degrees at any time? YES NO

Submission

I certify, by my electronic signature below, that the above submitted information is accurate and complete.

Electronic signature* (Type your name)

Signatory must be child's legal parent or guardian

Please Note - this form will be evaluated; for your child's safety, further medical clearance from your child's physician may be required prior to return to physical activities.