

**Charlotte-Mecklenburg Schools PK-12 Symptom Screening
Parent/Guardian Attestation Form for Bus Riders 2020-2021**

Parents/Guardians: Please complete this form for your student on the first day of each week of school. It will be collected by the bus driver on the first day of the week.

Child's First Name: _____ Child's Last Name: _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

1. Has your child had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and asked you to quarantine?

- Yes > The child should not be at school. The child can return 14 days after the last time he or she had close contact with someone with COVID-19.
- No > The child can be at school if not experiencing symptoms.

2. Does your child have any of these symptoms? No _____

- Fever
- Chills
- Shortness of breath
- New cough
- New loss of taste or smell

If a child has any of these symptoms, they should stay home, stay away from others, and you should contact your health care provider.

3. Since they were last at school, has your child been diagnosed with COVID-19?

- Yes
- No

If a child is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay home until they meet the criteria below.

A child can return to school when a family member can ensure that they can answer YES to ALL three questions below:

- Has it been at least 10 days since the child first had symptoms?
- Has it been at least 24 hours since the child last had a fever (without using fever reduction medicine)?
- Have the child's symptoms improved, including cough and shortness of breath?

I agree to keep my student home and notify the school if my student comes in contact with someone with COVID-19 or develops symptoms after signing this attestation. I attest that the information provided above is true to the best of my knowledge as of:

____/____/____
Month Day Year

Parent/Guardian Signature: _____