



BMSS COVID 19 ATTESTATION FORM

Child's Name _____ Child's DOB: _____

Primary I Primary II Primary III Toddler I Toddler II

In order to attend school daily, parents must sign and bring this form during drop off. Without completing this form, the child cannot attend school for the day. This form is required by EEC and CDC and is a binding agreement between parents and school. Prior to dropping off my child to school at BMSS, I agree to the following. If any of the below is yes, the child will not be allowed to enter the building. The child must return home with parents or caregiver. If one symptom is checked, the child cannot attend school and is required to see his/her primary physician. The child must bring a doctor's note stating that they are safe to return to school.

1. Today or in the past 24 hours, have you or any household members had any of the following symptoms?

- Fever (temperature of 100°F or above), felt feverish, or had chills
- Cough
- Sore throat
- Difficulty breathing
- Gastrointestinal symptoms (diarrhea, nausea, vomiting)
- Headache
- New loss of smell/taste
- New muscle aches
- Any other signs of illness

2. In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?

- Yes No

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 I attest that this information is true, current and accurate and I will follow EEC, CDC and BMSS policies and Protocol.

I understand that failure to do so will result in immediate termination of the child.

Parent's Signature _____ Date _____