**K** **–** **12** **Parent/Guardian** **Attestation**

Parents/Guardians are required to review the information below and agree that if any of the answers to questions 1-3 are “yes”, the student will not use school bus transportation services.

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** **advised** **you** **to** **self-quarantine?**

Yes \_\_\_ *Your* *child* *should* ***NOT*** *be* *at* *school.* *The* *child* *can* *return* *14* *days* *after* *the* *last* *time* *he* *or* *she* *has* *close* *contact* *with* *someone* *with* *COVID-1,* *or* *as* *listed* *below.*

No \_\_\_ *Your* *child* *can* *be* *at* *school* *if* *experiencing* *no* *symptoms.* 2. **Does** **your** **child** **have** **ANY** **of** **the** **following** **symptoms? (Yes/No)**

Fever\_\_\_\_

Chills\_\_\_\_ If a child has any of these symptoms they should Shortness of breath or difficulty breathing\_\_\_\_ stay home, stay away from other people, and you New cough\_\_\_\_ should contact their healthcare provider New loss of taste or smell\_\_\_\_

3. **Since** **they** **were** **last** **in** **school** **and** **or** **transported** **by** **yellow** **school** **bus,** **has** **your** **child** **been** **diagnosed** **with** **Covid-19?**

Yes \_\_\_\_\_

If a child is diagnosed with Covid-19 based on a test, their symptoms, or does not get a Covid-19 test but has

No\_\_\_\_\_\_ symptoms, they should **NOT** be at school and should stay home until they meet the criteria below.

**A** **child** **can** **return** **to** **school** **and** **or** **continue** **riding** **the** **school** **bus** **when** **a** **family** **member** **can** **ensure** **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 3 days since the child had a fever (without using fever reducing medicine)?

\_\_\_\_Has it been at least 3 days since the child’s symptoms have improved including cough and shortness of breath?

**If** a child has had a negative Covid-19 test, they can return to school and utilize transportation once there is no fever without the use of fever reducing medicines and they have felt well for 24 hours.

**If** a child has been diagnosed with Covid-19 but does not have any symptoms they should remain out of school until 10 days have passed since the date of their first positive Covid-19 diagnostic test, assuming they have not subsequently developed symptoms since the positive Covid-19 test.

**If** a child has been determined to have been in close contact with someone diagnosed with Covid-19 they should remain out of school for 14 days since the last known date of contact unless they test positive. In which case, criteria above would apply. They must complete the full 14 day quarantine even if they test negative.

**I** **attest** **that** **I** **have** **read,** **understand** **and** **agree** **with** **the** **information** **above** **as** **a** **condition** **of** **using** **bus** **transportation:**

**\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_** Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year