



## Parental Assurance for Daily Student Health Assessment for School Year 2020-2021

I agree to perform a health assessment for the following symptoms, on a daily basis, before allowing my child to attend school in-person or to come to the school campus:

- Temperature greater than 100.4
- Cough
- GI symptoms (vomiting/diarrhea)
- New rash
- Exposure to a COVID-19 case during the prior 48-hour period

If any of these symptoms are present, I assure the Southgate Independent School District that my child will not attend school on the day these symptoms are present. I will notify the school of my child's absence. If my child develops any of these symptoms during the school day, I assure the district that I, or my designee, will pick up my child as soon as possible.

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_