

# EAST ELEMENTARY SCHOOL

1520 North 30<sup>th</sup> Avenue, Humboldt, TN 38343

731-784-4171 office \* 731-784-1343 fax

Brittanie Doaks, Principal

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

I agree to perform the following health assessments on a daily basis before allowing my child to attend school in-person or to board the bus for transportation to school:

- **Temperature not greater than 100.0 or more**
- **Cough**
- **Shortness of Breath**
- **Sore Throat**
- **New loss of taste and/or smell**
- **GI Symptoms (vomiting / diarrhea)**
- **Exposure to a COVID-19 case during the prior 48-hour period**

If any of these symptoms are present, I assure the Humboldt City School District – East Elementary that my child will not attend “In-Person” school on the day these symptoms are present but virtual learning is allowed while symptoms are present. I will notify the school of my child’s absence due to COVID-19 symptoms and/or illnesses. While attending school, 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 soon as possible. My child will not be allowed back into school without a doctor’s note confirming a negative COVID 19 test (HCS East Elementary will not accept rapid results). My child will not return to school until they have been FEVER FREE for 24 hours without fever reducing medication. I will assure East Elementary that I will keep my contact information up to date in the event of illness or emergency.

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

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

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_