

Parental Confirmation and Acknowledgment of Screening Responsibility

I, _____, hereby acknowledge that I understand my
(name of parent/guardian)

responsibilities for the screening of my child/children for COVID-19 symptoms prior to bringing
my child/children to _____ every day.
(name of facility)

I understand that bringing my child/children to the above-named facility signifies that I take full
responsibility and attest that all questions in the screening questionnaire were answered with a
“no”.

(parent signature)

(witness)

Date: _____