

DCS Transportation Parent/Guardian Attestation

Child's first and last name _____

Parent/Guardian first and last name _____ Phone# _____

Yes or No **Has your child been in close contact with someone diagnosed with Covid-19, or has any health official advised you to quarantine in the past 14 days?**

Does your child have any of these symptoms?

Yes or No **Fever**

Yes or No **Chills**

Yes or No **Shortness of breath or difficulty breathing**

Yes or No **New cough**

Yes or No **New loss of taste or smell**

Yes or No **Since they were last at school, has your child been diagnosed with Covid-19?**

*I attest that the following information is true to the best of my knowledge:

Parent/Guardian Signature: _____ Date: _____

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