**OLD UNION NURSERY SCHOOL**

**COVID-19 HEALTH CONFIRMATION**

For each and every day that I present my child at Old Union Nursery School, I attest that:

\* My child is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* My child has not traveled internationally within the last 14 days.

\* My child has not traveled to a highly impacted area within the last 14 days.

\* I do not believe that my child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* My child has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

\* I am following all CDC recommended guidelines as much as possible as it relates to my child and limiting my child’s potential exposure to the Coronavirus/COVID-19.

I agree to advise Old Union Nursery School if any of the above conditions change as it relates to my child at any time during the school year and I agree to voluntarily withhold my child from attendance at Old Union Nursery School following any of the above conditions changing for a minimum of 14 days and/or until my child has subsequently been tested negative for Coronavirus/COVID-19.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_