

# Mizel JCDS

## School Year 2021-2022

### COVID-19 FORM

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, the undersigned, being the parent/legal guardian of, \_\_\_\_\_, a minor child, attest each day my child attends Mizel JCDS:

My child nor anyone in my family is not experiencing any of the following COVID-19 symptoms:

- Fever
- Chills
- A cough
- Shortness of breath or difficulty breathing
- Sore throat
- Muscle pain
- Loss of smell or taste
- Unknown rash

Should my child or anyone in my family begin experiencing COVID-19 symptoms or have been exposed or in close contact with someone diagnosed with COVID-19, I will not send them to school and immediately contact Mizel JCDS.

This consent will remain in effect for the 2021-2022 school year.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date