

2021 Summer Knights Program
COVID 19 Parent Affirmation Form

By execution of this statement, I affirm that my child(ren)'s presence at school on any day constitutes an affirmative representation on my part that I/we have performed the required health screening below and affirm that the responses to all questions are **NO**.

***If you or your child/ren are experiencing any of the symptoms below, the child/ren must remain at home and Summer Coordinator must be notified via phone (646-8080) or email summer@stjohnsguam.com. ***

Neither I nor my child(ren) have any of the following:

Screening Questions:

- A fever of 100 degrees or higher or a sense of having a fever during the past 72 hours
- New or unexpected cough that cannot be attributed to another health condition
- New shortness of breath or difficulty breathing that cannot be attributed to another health condition
- New chills that cannot be attributed to another health condition
- New muscle aches that cannot be attributed to another health condition or specific activity such as physical exercise
- New loss of taste or smell
- Nausea, vomiting, or diarrhea
- Currently living with a person who has exhibited symptoms of COVID19 or is currently under quarantine due to close contact with a person suspected or confirmed to have COVID19

In the past 14 days, neither I nor my child(ren) have done either of the following:

- Cared for or had other close contact with a person suspected or confirmed to have COVID19 (other than medical personnel)
- Traveled off-island (other than airline personnel). *If you have traveled you must show proof of Negative COVID 19 testing results.*

Student Name _____

(Please list all children enrolled)

Grade Level _____

Parent / Legal Guardian Signature

Date