



**OLDHAM COUNTY BOARD OF EDUCATION
STUDENT SERVICES DEPARTMENT**

**PARENTAL ASSURANCE FOR DAILY STUDENT HEALTH ASSESSMENT
2020-2021 ACADEMIC YEAR**

I agree to perform the following health assessment on a daily basis before allowing my child to attend school in-person or to board the bus for transportation to school:

- Temperature greater than 100.4
- New Persistent Cough that causes difficulty breathing
- GI symptoms (vomiting/diarrhea)
- New rash
- New loss of taste or smell
- Exposure to a COVID-19 case during the prior 48-hour period

If any of these symptoms are present, I assure the Oldham County Schools that my child will not attend school on the day these symptoms are present. I will notify the school of my child's absence.

If my child develops any of these symptoms during the school day, I assure the district that I, or my designee, will pick up my child as soon as possible.

Student Name: _____
School Name: _____
Parent/Guardian Name: _____
Parent/Guardian Signature: _____
Date: _____

Fax or mail this form to the Student Services Department – (502) 241-3466

6165 W. Highway 146, Crestwood, Kentucky 40014

Questions regarding this form may be directed to Lisa Burgess, R.N., Director of Student Health, at (502) 241-3500