



**WS/FCS School Bus Transportation
Quarterly Parent/Guardian Attestation Form
2020-2021 Quarter 4**

Student First Name:	Student Last Name:
Parent/Guardian First Name:	Parent/Guardian Last Name:
Student Date of Birth:	Student's School:

I, the above-referenced parent or Legal Guardians of the above-named Student, acknowledge that I am completing this Parent/Guardian Attestation, pursuant to the North Carolina Strong Schools Toolkit, as a condition of my child receiving school bus transportation services. I agree that the answer to each of the following questions is **"No"**:

1. Has your child had close contact (within 6 feet for at least 15 minutes cumulatively) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised your child or anyone in your household to self-quarantine?

2. Does your child have **ANY** symptoms of COVID-19, including but not limited to the following symptoms?

- Fever
- Chills
- Shortness of breath or difficulty breathing
- New cough
- New loss of taste or smell

If your child has any of these symptoms, they should stay at home, away from other people, and you should contact your health care provider.

3. Since your child was last at school (and/or transported by yellow school bus) has your child been diagnosed with COVID-19?

I understand that **if** my child has a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

I understand that **if** my child has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 calendar days have passed since the date of their first positive COVID-19 test, assuming they have not subsequently developed symptoms since their positive test.

I understand that **if** my child has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. My child must complete the full 14 days of quarantine even if they test positive.

I understand that if my child's circumstances change **at any time after** submitting this attestation form, and the answer to **any** of the questions above is **"Yes,"** I agree to notify my child's school **immediately** and agree to keep my child at home until I am notified that my child may return to school (per the criteria below).

I understand that my child may return to school, and/or resume riding the school bus, when I or an adult family member can ensure that the answers to **ALL** of the following questions are **YES**:

- Has it been at least 10 calendar days since the child first had symptoms?
- Has it been at least 24 hours since the child had a fever (without using fever reducing medicine)?
- Has there been symptom improvement including cough and shortness of breath?

I agree to indemnify and hold harmless the Winston-Salem/Forsyth County Board of Education from and against any and all claims, liabilities, injuries or illness that may arise as a result of my failure to comply with the acknowledgements within this attestation form.

I attest that I have read, understand and agree with the information above as a condition of my child using bus transportation:

Parent/Guardian Signature

____/____/____ (Date)
Month Day Year