

**PARK SHORE COUNTRY DAY SCHOOL**

**HEALTH VERIFICATION**

In order to maintain a safe environment for all of our students and staff we are requesting all new and returning students and staff to complete this form. If any action is required, please have it completed before coming to school.

Student/Staff Name \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ /2021

I do hereby verify that the above:

1. Has not been around anyone with any symptoms/diagnosis of COVID-19 and is symptom free.
2. No one in my household has been sick.
3. A temperature has been taken before their session begins and it did not exceed 100.4 degrees.
4. I have adhered to our state's guidelines regarding COVID-19.
5. If you are new or returning to Park Shore, and have been on vacation, traveled out of the state or country, participated in sporting or dancing events, or have participated in any large group gatherings, Park Shore is requesting a negative rapid COVID test or present a medical clearance from your healthcare provider in order to enter Park Shore.

Thank you for taking the time to complete this form and doing what is being requested.  
Please call our office if we can be of any assistance.

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Signature

Parent/Guardian Signature