



**Appendix E – Parental Confirmation and Acknowledgment of Screening Responsibility**

I, \_\_\_\_\_, hereby acknowledge that I understand my  
(name of parent/guardian)  
responsibilities for the screening of my child/children for COVID-19 symptoms prior to bringing  
my child/children to \_\_\_\_\_ every day.  
(name of facility)

I understand that bringing my child/children to the above-named facility signifies that I take full responsibility and attest that all questions in the screening questionnaire were answered with a "no".

\_\_\_\_\_  
(parent signature)

\_\_\_\_\_  
(witness)

Date: \_\_\_\_\_