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Parent/Guardian Attestation

RCSS 2020-2021 School Year

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date _____

I attest I will not have my child board a RCSS school or activity bus if any of the following are true:

1. My child had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or any health department or health care professional has been in contact with me and advised me to quarantine.
2. My child has any of the following symptoms:
 - a. Fever
 - b. Chills
 - c. Shortness of breath or difficulty breathing
 - d. New cough
 - e. New loss of taste or smell
3. Since last at school, my child has been diagnosed with COVID-19.

Please contact your child's school if you have questions or concerns.