



COMMUNITY * CLASS * COURAGE
HOME OF THE MIGHTY LONGHORNS

FORT BENTON PUBLIC SCHOOLS
SCHOOL DISTRICT NO. 1
P.O. BOX 399 • 1820 WASHINGTON
FORT BENTON, MT 59442
SINCE 1868

By sending my child _____ to school, I acknowledge that he/she
(Student Name)
has not experienced any of the following COVID-19 symptoms.

- Fever (100.0° Fahrenheit or higher), chills, or shaking chills
- Cough (not due to other known cause, such as chronic cough)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Sore throat
- Headache, when in combination with other symptoms
- Muscle aches or body aches
- Nausea, vomiting, or diarrhea
- Fatigue, when in combination with other symptoms
- Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms

If my child exhibits any of these symptoms, I will keep them home until they meet the following criteria.

- 24 hours with no fever without the use of Tylenol or other fever-reducing medicine
- Symptoms have improved (e.g. cough, shortness of breath) **and**
- If symptoms can be attributed to another illness (positive flu or strep test) these guidelines do not apply

By signing this document, I agree to monitor my child's health and check for symptoms daily.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

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