

## COVID-19 Pandemic Acknowledgement Form Parents

I understand the COVID-19 virus has a very long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. During this time, it is impossible to determine who has the virus and who does not, given the current limits in virus testing.

I confirm that my child and my child's immediate family members and any others in my child's home, are not presenting any of the symptoms of COVID-19 listed below. Further, I acknowledge that I will immediately notify Bowman Academy if my child and immediate family members and any others in my child's home, present any of the COVID-19 symptoms while attending any Bowman classes.

- Fever/chills
- Dry Cough
- Sore Throat
- Headache/muscle body aches
- Shortness of Breath
- Loss of Sense of Taste and Smell

I understand that air travel increases the risk of contracting and transmitting the COVID-19 virus. I verify that my child has not traveled by commercial air in the past 14 days. I will also notify Bowman Academy if my child travels by air at any time while attending Bowman classes.

**Student Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

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