



Please complete this Ticket To Ride and present to the bus driver each day

Student Name: _____ Date _____

Symptoms of COVID-19 include:

a cough, temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?

1. Have you been in close contact with a person who has COVID-19? Yes or No
2. Do you feel unwell with any symptoms consistent with COVID-19? Yes or No

Parent/Guardian Signature: _____



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