



### Questions and Answers during COVID-19:

1. Has your child tested positive for COVID-19 in the past 14 days?
2. Has your child had close contact (within 6 feet) with a person with COVID-19 for a prolonged period of time (10 minutes or more) in the past 14 days?
3. Does your child have a cough?
4. Does your child have shortness of breath or difficulty breathing?
5. Does your child have a fever (temperature of 100.4°F or higher) without taking any fever-reducing medications?
6. Is your child experiencing fatigue?
7. Does your child have chills?
8. Does your child have muscle or body aches?
9. Does your child have a headache?
10. Does your child have a sore throat?
11. Does your child have a loss of taste or smell?
12. Does your child have congestion or a runny nose?
13. Did your child experience any new gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite within the last 24 hours?

**Please note if the answer is YES to any of the questions your child will need to remain home. Complete the form by Friday 4 PM or Saturday 8AM depending on when your child will attend school. If you forget to complete it prior to dropping off your child, please fill it out using your mobile device in order to enter the school.**

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**Child's name**

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**Parent's signature and date**

