

Since last here, has your child had any of these symptoms?	Yes	No	
new cough			1 of these = "COVID-like symptoms"
shortness of breath			
fever of 100.4 or higher			2 of these = "COVID-like symptoms"
chills			
shivering			
muscle pain			
sore throat			
headache			
loss of taste or smell			
gastrointestinal symptoms (nausea, vomiting, diarrhea)			
<p><i>If YES to ANY of the above, child should stay home. They can return to school after their symptoms subside and at least 24 hours of no fever without medications.</i></p> <p><i>If child has "COVID-like symptoms," as defined above, notify HCS and your child's physician. Your child will need written clearance from their health care provider, or a negative COVID test result, before return to HCS.</i></p>			

	Yes	No
Since last here, is your child waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine? <i>If YES, keep child at home until a negative test result has been received or until advised to be released from quarantine by a health care provider.</i>		
Since last here, has your child had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19, or suspected of having COVID-19 (i.e. tested due to symptoms)? <i>If YES, keep child at home until they have completed quarantine for 14 days from the date of last exposure to the person with diagnosed or suspected COVID-19 unless instructed by a health care provider/health department to quarantine for a different length of time.</i>		
What is your child's temperature this morning? Temperatures from multiple children can be separated by commas, oldest to youngest.		

Child's Name(s) _____ Parent Signature _____ Date _____

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