

# BEFORE SCHOOL

Parents are asked to review this daily health checklist by answering these questions before sending their child to school.

(Parents do not need to send the questionnaire to school)

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Does your child have a fever of 100.4 or greater?

Yes \_\_\_ No \_\_\_

Does your child have a sore throat?

Yes \_\_\_ No \_\_\_

Does your child have an uncontrolled cough that causes difficulty breathing?

Yes \_\_\_ No \_\_\_

Does your child have diarrhea, vomiting or abdominal pain?

Yes \_\_\_ No \_\_\_

Does your child have a severe headache, especially with a fever?

Yes \_\_\_ No \_\_\_

Does your child have a new loss of taste or smell?

Yes \_\_\_ No \_\_\_



If **YES** to any of the questions **STOP!**

Do not send your child to school. If they do not have any of the two conditions below, follow usual sickness protocols.



If you are able to answer **NO** to all questions, go to school.

Did your child have close contact with a person with a confirmed case of COVID-19

Yes \_\_\_ No \_\_\_

Did the student travel to an area where the local health dept. is reporting large numbers of COVID-19? Yes \_\_\_ No \_\_\_

If the answer is Yes to any of these two questions, keep your child home 14 days or have them checked by their healthcare provider. IF the student tests negative they can return to school once their condition is under control.