

When you sign this sheet, you are acknowledging your child does not have these symptoms and has not experienced any of these symptoms in the last 24 hours.

Fever greater than 100.4 degrees

New or worsening cough

Shortness of breath or trouble breathing

Sore throat, different than seasonal allergies

New loss of taste or smell

Diarrhea or vomiting

No household member or close contact with someone who has COVID-19 in the last 2 weeks?

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Parent signature

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Date

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