

DAILY WELLNESS CHECK FOR PARENTS/GUARDIANS

Daily Wellness Checks are a **VERY IMPORTANT** part in keeping your child, our student body, and staff safe. **PLEASE** complete this Wellness Checklist each day prior to sending your child to school to prevent viruses from spreading rapidly. **REMEMBER**, we are all in this together!

1. Has my child or any member of our household been in contact with anyone who has symptoms and/or tested positive for COVID-19 within the last 10 days? Is anyone in your household currently waiting for COVID-19 test results?

Yes/No

2. Is anyone in your household currently quarantining because of direct exposure to someone with COVID-19 and they are now experiencing symptoms?

Yes/No

3.. After checking my child's temperature this morning before school, does he or she have a temperature greater than 100.4?

Yes/No

4.. Has my child taken any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?

Yes/No

5. Is my child experiencing any of the following signs and/or symptoms in the last 24 hours?

- | | |
|---------------------------------|--------|
| a. New cough or worsening cough | Yes/No |
| b. Chills | Yes/No |
| c. Sore throat | Yes/No |
| d. Muscle pain | Yes/No |
| e. New loss of taste or smell | Yes/No |
| f. Runny Nose/congestion | Yes/No |
| g. Nausea/Vomiting | Yes/No |
| h. Headache | Yes/No |
| i. Diarrhea | Yes/No |

If you answered yes to any of the above, please keep your child home and contact the school nurse.