

Child's name: \_\_\_\_\_

Date: \_\_\_\_\_



Use this checklist every morning before leaving for school. If you or your child are experiencing any of the below symptoms, call your healthcare provider.

**HAS YOUR CHILD EXPERIENCED ANY OF THE FOLLOWING?**

- **COUGH**
- **SHORTNESS OF BREATH**
- **DIFFICULTY BREATHING**
- **SORE THROAT**

**HAS YOUR CHILD HAD ANY OF THE FOLLOWING WITHIN THE PAST 48 HOURS?**

- **FEVER**
- **CHILLS**
- **MUSCLE ACHES/PAINS**

**DOES YOUR CHILD HAVE A NEW LOSS OF TASTE OR SMELL?**

**DOES YOUR CHILD HAVE A NEWLY-ONSET HEADACHE?**

**IS YOUR CHILD EXPERIENCING:**

- **NAUSEA**
- **VOMITING**
- **DIARRHEA**



If you or your child are experiencing symptoms of COVID-19, contact your school's attendance line at: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_