

SAVANNAH R3 SUMMER SCHOOL STUDENT RELEASE FORM

Student's Name and Grade for Fall of 2020 _____

Today's Date: _____

Please circle your response:

Have you been tested for COVID-19? Yes No

IF YOU ANSWERED YES, PLEASE PUT THE DATE TESTED: _____

Have you or someone in your household tested positive for COVID-19? Yes No

IF YOU ANSWERED YES, PLEASE PUT THE DATE IF DIFFERENT FROM ABOVE:

Have you run a fever of greater than **100.4 degrees F**? Yes No

Felt feverish? Yes No

Had chills? Yes No

Experiencing headaches? Yes No

Soreness? Yes No

Sore throat? Yes No

Cough or worsening cough? Yes No

Nausea or vomiting? Yes No

Runny nose? Yes No

Shortness of breath? Yes No

Abdominal pain? Yes No

Diarrhea? Yes No

Loss of smell or taste? Yes No

**** Answering "Yes" to any of the above questions, makes student/staff/visitor ineligible to return to summer school until 3 days symptom-free.****

PARENT OR GUARDIAN SIGNATURE _____