

Daily COVID-19 Checklist- Student

Please check your child's temperature every morning prior to scheduled classroom instruction, then answer the following:

1. Has your child, or anyone in your household, had any of the following symptoms in the last 14 days?
 - Fever (temperature of 100.0 or greater) or chills
 - Cough, shortness of breath, or difficulty breathing
 - Sore throat
 - Runny nose or nasal congestion
 - Nausea, vomiting, or diarrhea
 - New onset of fatigue
 - Muscle or body aches
 - New onset of loss of taste or smell
 - Headache

2. Has your child, or anyone in your household, had close contact with someone who is presumed to have/had COVID-19 or has tested positive in the last 14 days?

If you answered yes to any of these questions, please keep your child at home and contact your school nurse for further guidance.

Should your child have an [underlying medical condition](#) that is considered to increase their risk for severe disease, it is recommended that you keep your child home where they can engage in remote learning.