COVID-19 Screening for Parents

Every morning before you send your child to school please check the following:

 ${f 1.}$ Does your child exhibit any of the following symptoms listed below:



DIARRHEA, VOMITING OR NAUSEA, FEVER, SORE THROAT, COUGH*especially new onset, uncontrolled cough



SHORTNESS OF BREATH OR DIFFICULTY BREATHING, NEW LOSS OF TASTE OR SMELL, HEADACHE, MUSCLE OR BODY ACHES OR FATIGUE, CONGESTION OR RUNNY NOSE

- 2. Were you in close contact (within 6 feet for more than 15 minutes) with anyone confirmed with COVID-19 within the last two weeks?
- **3**. If the answer is <u>YES</u> to any of the questions, <u>DO NOT</u> send your student to school. Instead, begin isolation of your child and contact your healthcare provider. Strongly consider COVID-19 testing if your child exhibits several of the symptoms listed above.

○If you have trouble breathing, chest pain, new confusion, inability to wake or stay awake or bluish lips or face **○** CALL 911!