

Student Name: _____

Start Date: _____

Pre-Attendance Health Screening

Dear fall program families,

In an effort to minimize illness during our programs, we ask that you check on the health of your child daily beginning 14 days prior to the start of your experience with us. The best programs start with healthy children and this begins at home. Please continue to monitor your child throughout the fall as our programs continue.

Please keep this for your records and indicate if your child has any of the following symptoms prior to their attendance and record a temperature daily. If any temperature or symptoms are present, please have your child evaluated by a licensed provider and contact us for further guidance.

Symptoms (symp):

- Fever or chills
- Shortness of breath or difficulty Breathing
- Cough
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or Vomiting
- Diarrhea

Please Self-Confirm Before Attending Our Programs

- 1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of their attendance.**
- 2. No one in our household has been sick in the 14 days prior to their attendance.**
- 3. My child has not traveled to areas with increased exposure to COVID19 in the 14 days prior to camp.**
- 4. My child has adhered to our state's guidelines regarding COVID19.**

Start date of
temperature/
symptom
screening:

Day:	14	13	12	11	10	9	8
Temp/ symp							
Day:	7	6	5	4	3	2	1
Temp/ symp							

We are all in this together and it is very important that we self-monitor and stay home if we are sick or experiencing even the subtlest of symptoms.

Thank you for your cooperation!