

Our Mother of Consolation Parish School Daily COVID-19 Screening Form

Parents are primarily responsible for monitoring the health of their children.

This form **MUST** be completed each morning before your child arrives at school. It must be brought to school and presented to a staff member for a student be admitted to the school building. Students, whose parents do not complete the form, will not be admitted to school.

Any student with a temperature of 100.0 F or above or has answered YES to any question below will **NOT** be admitted to school.

Student's Name: _____ Grade: _____

Temperature of student before leaving for school: _____ Date: _____

The following questions **MUST** be answered by the parent/legal guardian of student.

- YES NO Is your child or anyone in your household experiencing symptoms of COVID-19 including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. cough, fever, loss of taste, or trouble breathing?
- YES NO Did your child take any medications to lower a fever in the past 24 hours?
- YES NO Has your child been in close contact (within 6 feet for 10 minutes or more) with anyone who tested positive for COVID-19 in the past 14 days?
- YES NO In the past 14 days, has your child traveled to any of the states upon return from which the Pennsylvania Department of Health recommends a quarantine of 14 days? See current list of states: <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>

I acknowledge that the above information is true and correct to the best of my knowledge. I understand that these questions are intended to reduce the potential of, but cannot eliminate, exposure to COVID-19.

Signature of Person completing form: _____

Print Name of person completing form: _____

Relationship to student: _____

Contact phone number: _____

Contact email: _____

For Office Use Only

Initialed by school staff: _____

Date: _____