



Health and Safety Form to be Completed Whenever a Child is Placed into Pre-K or Nursery

I. Please keep your child home if they display at least one of the following symptoms that would indicate a possible illness and putting them at risk of spreading it to others.

- Temperature 100.4 degrees Fahrenheit or higher
- Sore throat, Sniffling, runny nose
- Uncontrolled cough that causes difficulty breathing
- Diarrhea, vomiting, or abdominal pain
- New onsets: loss or lack of taste, severe headache

II. If you can answer “Yes” to any of the following questions, you are asked to remain home and may return upon completion of 14 day self-quarantine.

- Have you, your child, or anyone in your household has close contact (within 6 feet and for 15 minutes) this week with a person confirmed to have Covid-19?
- Have you, your child or anyone in your household traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases?

Please Print:

Parent/Guardian First & Last Name _____

Home Address: _____

Cell Phone: _____ Email: _____

set your phone to vibrate @ service if needed we will text you

Child(ren)'s First Name(s):

By signing this I am stating that neither my child(ren) or anyone in my household is displaying any symptoms mentioned in Section I. Also, I am stating my answers are “No” to Section II.

Signature

Date