



## Daily Wellness Checklist for Parent/Guardian

*Daily Wellness Checks are a **VERY IMPORTANT** part in keeping your child, our student body, and staff safe. **PLEASE** complete this Wellness Checklist each day prior to sending your child to school to prevent viruses from spreading rapidly. **REMEMBER**, we are all in this together!*

1. Has my child or members of our household been in contact with anyone who has symptoms and/or has tested positive for COVID-19? Y/N
  
2. After checking my child's temperature this morning before school, does he or she have a temperature of or greater than 100.4? Y/N
  
3. Has my child taken any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)? Y/N
  
4. Is my child experiencing any of the following? Y/N

Group A 1 or more symptoms	Group B 2 or more symptoms
Fever (100.4 or higher) Cough Shortness of breath Difficulty breathing	Sore throat Runny nose/congestion Chills New lack of smell or taste Muscle pain Nausea or Vomiting Headache Diarrhea

Please keep your child at home and call the school nurse, if your child

- Has one or more symptoms in Group A OR
- Has two or more symptoms in Group B OR
- Is taking fever-reducing medication.