








# Daily Parent Screening Tool

## COVID-19 Screening for Parents

Every morning before you send your child to school please check for signs of illness:

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<b>FEVER 100.4* OR CHILLS</b> <small>*or school board policy if threshold is lower</small>		<b>SORE THROAT</b>		<b>COUGH* OR SHORTNESS OF BREATH</b> <small>*especially new onset, uncontrolled cough</small>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<b>DIARRHEA, NAUSEA OR VOMITING, ABDOMINAL PAIN</b>		<b>HEADACHE*</b> <small>*particularly new onset of severe headache, especially with fever</small>		<b>NEW LOSS OF TASTE OR SMELL</b>

*\*May present with more than one symptom. This list does not include all possible symptoms.*

- 1 Does your child have any sign of illness above?
  - 2 Were you in close contact (within 6 feet for a total of 15 minutes over a 24-hour period) with anyone confirmed with COVID-19?
  - 3 If the answer is **YES** to any of the questions, **DO NOT** send your student to school. Instead, begin isolation of your child and contact your healthcare provider. Have you been tested for COVID-19? Only a positive test or provider diagnosis can confirm if someone has a current infection.
  - 4 Please keep your student home until they meet the criteria.
-  If you have trouble breathing, chest pain, new confusion, inability to wake or stay awake or bluish lips or face **CALL 911!**



Parent can monitor child daily and should keep student home if symptoms of COVID – 19 or other illness are present