



### COVID-19 Daily Screening

Child's Name: \_\_\_\_\_

Parent Attestation:

Parents must sign written attestations daily regarding symptoms of COVID-19 or any household contacts with COVID-19. Parents must send along the attestation form with their child each day. **Parents who fail to complete the screening, will result in the child not being permitted to enter the program.**

By signing this sheet, I attest to the following statements:

Today or in the past 24 hours, NEITHER my child NOR any household member has had any of the symptoms listed below:

- a fever, feel feverish or have a cough
- a sore throat
- a new cough (not related to chronic condition)
- new nasal congestion or new runny nose (not related to seasonal allergies)
- muscle aches
- new loss of smell or taste
- any shortness of breath (not related to chronic condition)

No symptoms \_\_\_\_\_ Symptoms \_\_\_\_\_ (mark symptoms above)

In the past 14 days, my child has had close contact with a person known to be infected with the novel coronavirus (COVID-19). Yes \_\_\_\_\_ No \_\_\_\_\_

I have given my child medicine to lower a fever. Yes \_\_\_\_\_ No \_\_\_\_\_

Prior to coming school, a self-screen was done at home checking for the following symptoms: fever, cough, shortness of breath, gastrointestinal symptoms, new loss of taste/smell, muscle aches, or any other symptoms that feel like a cold. Yes \_\_\_\_\_ No \_\_\_\_\_

I agree, that if called by the School to pick up my child due to suspicion of symptoms of COVID-19, I will immediately comply. Yes \_\_\_\_\_ No \_\_\_\_\_

My child has traveled outside of MA, RI, CT, ME, VT, NH, NY and NJ within the past 14 days. Yes \_\_\_\_\_ No \_\_\_\_\_

If they have travelled, they have followed state instructions to self-quarantine for 14 days upon returning. Yes \_\_\_\_\_ No \_\_\_\_\_ (only answer if "yes" to travel question)

Parent's Name  
(print) \_\_\_\_\_ (signature) \_\_\_\_\_

Date \_\_\_\_\_