Dear Parents/ Guardians-

To keep all the students and staff healthy and safe, parents are required to perform a daily symptom checklist on their student in the morning prior to coming to school.

In the past 24 hours has your student experienced any of the following
symptoms:
☐ Fever (100.0° Fahrenheit or higher), chills, or shaking chills
☐ Cough (not due to other known cause, such as chronic cough)
☐ Difficulty breathing or shortness of breath
□ New loss of taste or smell
□ Sore throat
☐ Headache when in combination with other symptoms
☐ Muscle aches or body aches
☐ Nausea, vomiting, or diarrhea
☐ Fatigue, when in combination with other symptoms
☐ Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other
symptoms
Has your student been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 10-15 minutes, or had direct contact with their mucus or saliva, in the past 14 days?
Has a public health official advised your student to get tested for COVID-19?
Has your student traveled to a state considered a high-risk state for greater than 24 hours?

If you answered yes to any of the symptoms, please have your student stay home from school and follow up with their healthcare provider.

Please contact the school nurse with any questions or concerns.

^{*}If your student has been *exposed* to an individual who is COVID-19 positive or presumed to be COVID-19 positive then they may not return to school for 14 days.