CALVARY PRESCHOOL

Has your child had any flu like symptoms, fever of 100.4 or higher, rash, diarrhea, sore throat, discolored nasal discharge, constant cough, discharge from the eyes, is vomiting or has symptoms of a contagious illness?	Yes☐ No☐
Has your child been in contact with anyone who has been exposed to or diagnosed with Covid-19 within the past 2 weeks?	Yes☐ No☐
Have you given your child any medications to mask any symptoms of fever?	Yes☐ No☐
Has anyone in your household traveled to a red zone/state? Has anyone in your household been in contact with someone who has traveled to a red zone/state?	Yes ☐ No☐

Parent/Guardian Signature:_____Date:_____

Student Name:_____

CALVARY PRESCHOOL

Has your child had any flu like symptoms, fever of 100.4 or higher, rash, diarrhea, sore throat, discolored nasal discharge, constant cough, discharge from the eyes, is vomiting or has symptoms of a contagious illness?	Yes☐ No☐
Has your child been in contact with anyone who has been exposed to or diagnosed with Covid-19 within the past 2 weeks?	Yes☐ No☐
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Has anyone in your household traveled to a red zone/state? Has anyone in your household been in contact with someone who has traveled to a red zone/state?	Yes ☐ No☐

Parent/Guardian Signature:_____Date:_____

Student Name:_____