

## COVID-19 Parent and Child Self-Screening Form

The safety of our students/athletes and coaches/employees remains the School's primary concern. As the coronavirus (COVID-19) outbreak continues, the School is monitoring the situation closely and will periodically update our policies and procedures based on current recommendations from the Pasco School District, the Center for Disease Control and health and safety authorities in state and local governments.

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to students/athletes and coaches/employees, we are requiring a simple screening questionnaire be completed by all students/athletes and coaches/ employees immediately prior to their arrival at the school. Everyone's participation is important to help us take precautionary measures to protect our students/athletes and coaches/employees.

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I am a: \_\_\_ Parent \_\_\_ Legal Guardian \_\_\_ Other Relative/Adult

Contact Information: Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Age: \_\_\_\_\_

***If the answer to any question below is yes, please do not report to school, as access to the school and its facilities will be denied.***

**1. Have you, your child or anyone else in your immediate family within the past 14 days been diagnosed with COVID-19, cared for or had close contact with someone diagnosed with COVID-19?**

Yes  No

**2. Within the past 14 days, has your child had a fever higher than 100.3 °F?**

Yes  No

**3. Within the past 14 days, has your child had a cough?**

Yes  No

**4. Within the past 14 days, has your child had a sore throat?**

Yes  No

**5. Within the past 14 days, has your child experienced shortness of breath?**

Yes  No

**6. Is anyone else in your child's immediate family showing any signs of one or more of the following symptoms?**

Temperature of 100.3 °F or higher, cough, shortness of breath, sore throat?

Yes  No

**7. Is the information you provided on this form true and correct to the best of your knowledge?**

Yes  No

Parent/Relative: \_\_\_\_\_ Date: \_\_\_\_\_