

\_\_\_\_\_

**Print Childs Name**

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_

**Date**

**By signing this form you are signing your child into Shearer Hills ELC, and you are answering NO to these required Screening Questions:**

Does your child have:

- A temperature of 100.4°F or above?
- Signs or symptoms of a respiratory infection, such as a cough, shortness of breath, sore throat, and low-grade fever?
- In the previous 14 days had contact with someone with a confirmed diagnosis of COVID19; is under investigation for COVID-19; or is ill with a respiratory illness; or has travelled internationally to countries with widespread, sustained community transmission?

\_\_\_\_\_

**Print Childs Name**

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_

**Date**

**By signing this form you are signing your child into Shearer Hills ELC, and you are answering NO to these required Screening Questions:**

Does your child have:

- A temperature of 100.4°F or above?
- Signs or symptoms of a respiratory infection, such as a cough, shortness of breath, sore throat, and low-grade fever?
- In the previous 14 days had contact with someone with a confirmed diagnosis of COVID19; is under investigation for COVID-19; or is ill with a respiratory illness; or has travelled internationally to countries with widespread, sustained community transmission?

\_\_\_\_\_

**Print Childs Name**

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_

**Date**

**By signing this form you are signing your child into Shearer Hills ELC, and you are answering NO to these required Screening Questions:**

Does your child have:

- A temperature of 100.4°F or above?
- Signs or symptoms of a respiratory infection, such as a cough, shortness of breath, sore throat, and low-grade fever?
- In the previous 14 days had contact with someone with a confirmed diagnosis of COVID19; is under investigation for COVID-19; or is ill with a respiratory illness; or has travelled internationally to countries with widespread, sustained community transmission?