District Name		
Print Childs Name Ry signing this form you are signing this	Parent Signature gning your child into Shearer Hills ELC, and	Date I
	e required Screening Questions:	
5 1311		
Does your child have:	ah awa 2	
• A temperature of 100.4°F or a		of breath, sore throat, and low-grade fever?
, ,		gnosis of COVID19; is under investigation for
	atory illness; or has travelled internationally	-
community transmission?	atory miness, or mas travelled intermationally	y to countries with widespread, sustained
Print Childs Name	Parent Signature	 Date
By signing this form you are significant	gning your child into Shearer Hills ELC, and	l
you are answering NO to these	e required Screening Questions:	
Does your child have:		
• A temperature of 100.4°F or a		
	,	of breath, sore throat, and low-grade fever?
	_	gnosis of COVID19; is under investigation for
COVID-19; or is ill with a respira	atory illnocc: or hac travalled internationally	v to countries with widespread sustained
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Print Childs Name

Parent Signature

Date

By signing this form you are signing your child into Shearer Hills ELC, and you are answering <u>NO</u> 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?