

POP Kids - Daily Health Check (Bring to Drop-off Daily)

Child's Name _____ Parents Initials _____ Date _____

Please initial and bring form daily to Drop-Off. Child's temperature will be taken in the Drop-Off line.

_____ My Child is **NOT** exhibiting any of the following symptoms:

Temperature above 100 degrees Fahrenheit, fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting or diarrhea.

_____ To my knowledge, my child has **NOT** been in close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19.

Is there anything about your child's current health that POP Kids needs to know:

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