










**PARENT/GUARDIAN DAILY SYMPTOM CHECKER**  
**WE NEED YOUR HELP TO KEEP OUR SCHOOL HEALTHY!**

<b>Screen Your Student Every Morning For These Symptoms:</b>	
 Fatigue/Muscle or Body Aches	 FEVER 100.4 OR GREATER
 Headache	 COUGH (wet cough)
 Sore Throat	 DIFFICULTY BREATHING
 Congestion/Runny Nose (colored mucus)	 LOSS OF TASTE/SMELL
 Nausea/vomiting/diarrhea (Diarrhea defined as 2 or more loose stools in 24 hours)	



**PLEASE DO NOT SEND YOUR STUDENT TO SCHOOL IF YOU HAVE GIVEN THEM FEVER REDUCING MEDICATION!!!**



Check your student for the above symptoms, if they have ONE or more of the listed symptoms they should **NOT** come to school for the day.



**Please be aware that if your student is observed to have any of the above symptoms a parent/guardian will be notified to pick them up.**

**Please be aware that current contact phone numbers and emergency contacts are MANDATORY. If we do not have updated contact information and are unable to reach you if your child is ill we will contact 911!**