

Parent Confirmation of Child Wellness

I _____ confirm that my child _____

(Check all that apply)

___ has had their temperature taken and is currently fever free

___ has not been given any fever reducing medicine in the past 12 hours

___ does not have a runny nose

___ does not have a cough

___ does not have a sore throat

___ does not have difficulty breathing or wheezing

___ does not have unexplained fatigue

___ does not have sinus congestion

___ does not have nausea diarrhea and or vomiting

___ has not left the country or state in the last 14 days

Signature _____

Date _____

ALL STAFF, FAMILIES, CHILDREN AND THEIR HOUSEHOLD MEMBERS MUST CONDUCT A DAILY HEALTH CHECK BEFORE COMING TO GOLDEN RULE.

Should you or any household member have any of the following symptoms, we ask you to remain out that day and notify us.

- Fever of 100.3 F or higher, now or in the preceding 72 hours (or would have, but have used fever reducing medicine)
- Runny Nose
- Cough
- Sore Throat
- Difficulty Breathing or Wheezing
- Unexplained Fatigue
- Sinus Congestion
- Nausea, Vomiting or Diarrhea
- Muscle Aches
- New Loss of Taste or Smell

If anyone tests positive for COVID-19, the household will be required to remain out of the center for 14 days unless medical clearance is provided by a physician indicating that the presenting symptoms are associated with a known non-COVID-19 illness. The physician's note must not be from a family member. This will be required of staff also. Staff will be wearing face shields outside the classroom.

Exclusion from the center is sometimes necessary to reduce the transmission of illness. For your child's comfort, and to reduce the risk of contagion, we ask that children be picked up within 1 hour of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms.

We are following the CDC guidelines and Albertville City School System guidelines and cleaning procedures.