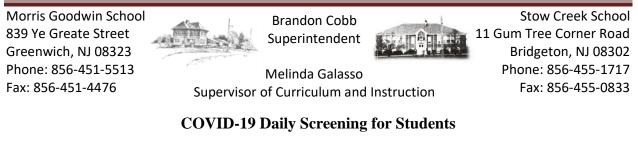
Greenwich-Stow Creek Partnership Schools



Name

Date _____

Parents/Guardians: Please complete this short check each morning and call the school if you check yes to any of the below:

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

Column A

Fever (measured or subjective)
Chills
Rigors (shivers)
Myalgia (muscle aches)
Headache
Sore Throat
Nausea or Vomiting
Diarrhea
Fatigue
Congestion or Runny Nose

Column B

Cough
Shortness of Breath
Difficulty Breathing
New Loss of Smell
New Loss of Taste

Students who are sick (e.g. fever, vomiting, diarrhea) should **NOT** attend school in-person. If **TWO OR MORE of the fields in Column A are checked off** OR **AT LEAST ONE field in column B is checked off**, please keep your child home and notify the school for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if in the last 14 days:

Your child has had close contact (within 6 feet of an infected person for 15 or more minutes during a 24-hour period) with a person with COVID-19
Someone in your household is diagnosed with or being tested for COVID-19

If **ANY of the fields in Section 2 are checked off**, contact your school for exclusion recommendations. Contact your child's healthcare provider or your local health department for further guidance.