Center for Spectrum Services – Kingston & Ellenville

Questionnaire for parents prior to school re-opening on 10/5/2020

Dear Parents,

We are all excited to welcome your children back to school very soon! As you know, we are doing everything possible to ensure that both our schools are healthy and safe communities for our students and staff.

Please complete this form and send to school with your child on their first day back at school. *If the answer to any of the questions is "yes" please keep your child home or attach a letter from their health care provider indicating that your child is cleared to return to school.*

Your child's temperature will be taken upon arrival to school and he/she will receive a health screening by a member of our health team. If you are driving your child to school, drive to the front entrance and the screener will approach your car to do this screening.

The health screening will be repeated should any symptoms arise during the school day. You will be notified by school personnel if it is determined that your child must be picked up. It is vitally important that we will have a reliable contact number, and that a designated person will be available to provide an immediate pick up. If your child is sent home, we will require a note from a health care provider allowing him/her to return to school.

1. **Has your child had any of the following symptoms in the past 14 days?** (COVID-19)- fever (100.0 or above), cough, chest pain, shortness of breath, difficulty breathing, muscle pain, sore throat, headache, lethargy, and/or loss of smell or taste. (Multisystem Inflammatory Syndrome-MIS-C)- fever, rash and peeling skin, muscle pain, increased heart rate, decreased blood pressure.

    ___ **Yes- please specify** _____

    ___ **No**

2. **Has anyone in the household had the above symptoms or been diagnosed with COVID-19 or MIS-C in the past 14 days?**

    ___ **Yes**

    ___ **No**

3. **Has your child had close contact with anyone who has been diagnosed with COVID-19 or MIS-C in the past 14 days?**

    ___ **Yes**

    ___ **No**

4. **Has your child had close contact with anyone who has returned from travelling in the U.S. or abroad in the past 14 days?**

    ___ **Yes**

    ___ **No**

Child's Name_____

Parent/Guardian _____

Date completed _____