



STUDENT COVID-19 SCREENING AFFIDAVIT (PARENT/GUARDIAN SIGNATURE REQUIRED)

To keep our school community safe and healthy, please check your child's health symptoms daily. We will be taking temperatures with a non-touch thermometer upon arrival to Hopewell Christian Preschool. It is very important to keep your child home and to call your pediatrician if he/she has a fever, is not feeling well or has been in contact with anyone who is sick. Please refer to the school's COVID-19 Pandemic Policy and CDC website for more information. Your signature below indicates that your child will meet all criteria before drop-off to school each day.

I certify that my child does not have a temperature greater than 100.4 degrees F, any of the symptoms listed below not attributed to another health condition, nor has he/she been in contact with anyone who has symptoms, been tested or has tested positive with COVID-19 within the last 14 days.

- fever/chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle aches or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea, vomiting or abdominal pain
- diarrhea

If my child has symptoms attributed to another health condition, I will provide a doctor's note.

I hereby acknowledge that I have received and read a copy of Hopewell Christian Preschool's Health and Safety Policy. I understand the content, requirements and expectations of the guidelines as a condition of sending my child to school at Hopewell Christian Preschool.

Child's Name _____

Parent/Guardian Name (printed) _____

Parent/Guardian signature and date _____