

## Student Drop-Off Information

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name and Contact Number: \_\_\_\_\_

Teacher: \_\_\_\_\_ Class: \_\_\_\_\_

Dismissal time (circle one)                      12:00                      3:00                      5:30

### Circle yes or no for the following questions:

Has your child had recent onset of any of the following symptoms:                      Yes                      No

- Fever and/or chills
- Shortness of breath
- New-onset cough
- Sore throat
- New-onset muscle ache, not explained by exercise or activity
- New-onset loss of taste or smell
- Rash

In the past 14 days, has your child tested positive for Covid-19 or have been in direct contact with COVID-19?

Yes      No \_\_\_\_\_

Has your child traveled out of the state in the past 14 days? Yes      No \_\_\_\_\_

Is there a peanut butter alternative in their lunch? Yes      No \_\_\_\_\_

Is there a person other than the parent picking up? Yes      No \_\_\_\_\_

Is there any additional information that we need today? \_\_\_\_\_

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