

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

Does your child have a Little Bites Lunch today? Yes No _____

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 _____

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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