Student Drop-Off Information

Student's Name:			Date:	
Parent's Name and Contact Number	er:			
Teacher:				Class:
Dismissal time (circle one)	12:00	3:00	5:30	
Does your child have a Little Bite	es Lunch today	? <u>Yes No</u>		
Circle yes or no for the following o	•			
Has your child had recent onset of	any of the follow	ving 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		fa Ca:al 40		
Yes No	ia testea positi	ve for Covid-19	or nave b	een in direct contact with COVID-19?
Is there a peanut butter alterna	 tive in their lun	ch? Yes No		
Is there a person other than the				
Is there any additional informat				
is there any additional informat	on that we nee	cu toudy:		
Student's Name: Parent's Name and Contact Number			Date:	
Teacher:				Class:
Dismissal time (circle one)	12:00	3:00	5:30	
Does your child have a Little Bit	es Lunch today	? <u>Yes No</u>		
Circle yes or no for the following o	uestions:			
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 Shortness of breath 				
 New-onset cough 				
Sore throat				
New-onset muscle ache, no	ot explained by ϵ	exercise or activity	/	
New-onset loss of taste orRash	smell			
	ild tested nositi	ve for Covid-19	or have h	een in direct contact with COVID-19?
Yes No	ia testea positi	ve for covid-19	or mave b	een in direct contact with covid-13:
Is there a peanut butter alterna	tive in their lun	ch? Yes No		
Is there a person other than the				
Is there any additional informat	-	•		
a, additional informat	chac we nee			