

## STUDENT COVID-19 SCREENING AFFIDAVIT

### (PARENT SIGNATURE REQUIRED)

To keep St. James Preschool staff and students safe and healthy, please check your child's temperature daily. It is very important to keep your child home and to call your PCP if he/she has a fever, is not feeling well or has been in close contact with anyone who is sick. Please refer to the school's health policy and COVID-19 addendum for more details. You can also follow the Chester County DOH website for the most up to date information:

<https://www.chesco.org/4376/Coronavirus-COVID-19>

Your signature below indicates that your child will meet all criteria before drop-off to school every day.

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

- Fever/chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting or abdominal pain
- Diarrhea

I hereby acknowledge that I have received and read a copy of St. James Preschool's Health Policy. I understand the content, requirements, and expectation of the Health Policy and agree to abide by the policy guidelines as a condition of sending my child to school at St. James Preschool.

Parent's Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_ Child's Name \_\_\_\_\_