

HVCS Covid19 Safe Survey

This form should be filled out by the parent/guardian of any student prior to attending school. Each day you will be asked if any of the answers to the below questions have changed.

Today's Date

Full Name of Child

Full Name of Parent/Guardian

Parent Email Address

Parent Phone Number

(_____) _____

Grade

Please initial each of the following statements to confirm that they are **TRUE**. If any statement is not true, the school will need to evaluate whether the student may or may not participate in any campus related activity.

_____ The student has been fever-free (body temperature below 100.4 degrees Fahrenheit) for the last 24 hours **without** the use of any fever-reducing medication.

_____ The student has not had any of the following symptoms in the last 24 hours - dry cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, loss of taste or smell, nausea, vomiting, or diarrhea.

_____ The student has not been in contact with a confirmed case of COVID-19 in the last 10 days. If yes please review our Exposure Protocols and contact the school immediately.

Signature of Parent/Guardian
