

HOLY FAMILY CATHOLIC ACADEMY

***Complete and submit this form by 7:00 AM each day.**

You can email the completed form to: Holyfaminfo@aol.com OR put the Completed Form in your child's folder.

Child's Name: _____

Grade: _____

Today's Date: *

Did you take your child's temperature today?: *

Yes No

What is your child's temperature today?: *

Does your child have fever or chills?: *

Yes No

Does your child have a cough?: *

Yes No

Does your child have shortness of breath or difficulty breathing?: *

Yes No

Does your child show signs of fatigue?: *

Yes No

Does your child have muscle or body aches?: *

Yes No

Does your child have a headache?: *

Yes No

Has your child experienced a new loss of taste or smell?: *

Yes No

Does your child have a sore throat?: *

Yes No

Does your child have congestion or a runny nose?: *

Yes No

Is your child experiencing nausea or vomiting?: *

Yes No

Does your child have diarrhea?: *

Yes No

Parent Name: *