



Parent/Student COVID-19 Health & Safety Checklist

VIZ needs your help!



Review this COVID-19 Health & Safety Checklist each day **BEFORE** sending your child to school.

Self-reporting this critical information and keeping your child home when he/she is sick, can help prevent the transmission of COVID-19 and keep everyone who enters our campus as safe and healthy as possible.

If you reply **YES** to any of the questions below, please **do not send your child to campus and notify school officials immediately**. If your child exhibits or experiences symptoms while at school, you will have **1 HOUR** to pick up your child – no exceptions. Your child will wait for you to arrive, in a designated isolation room away from other students, families, teachers, and staff.

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|--|---|---|---|
| Fever (temperature over 100.0 F)?
<input type="checkbox"/> YES <input type="checkbox"/> NO | *Loss of Smell or Taste?
<input type="checkbox"/> YES <input type="checkbox"/> NO | Extreme Fatigue?
<input type="checkbox"/> YES <input type="checkbox"/> NO | Nausea/vomiting/diarrhea
<input type="checkbox"/> YES <input type="checkbox"/> NO |
| Sore Throat?
<input type="checkbox"/> YES <input type="checkbox"/> NO | *Shortness of Breath?
<input type="checkbox"/> YES <input type="checkbox"/> NO | Body Aches/Chills?
<input type="checkbox"/> YES <input type="checkbox"/> NO | Headache?
<input type="checkbox"/> YES <input type="checkbox"/> NO |
| New runny nose or congestion?
<input type="checkbox"/> YES <input type="checkbox"/> NO | *Cough?
<input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Have you, or anyone you have been in close contact with, been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19 within the last two weeks?

YES NO

Have you been asked to self-isolate or quarantine by a medical professional or local public health official within the last two weeks?

YES NO

Important Safety Reminders:

- Take your child's temperature each day prior to sending him/her to school.
- Teach your child proper handwashing hygiene including washing his/her hands often with soap and water for at least 20 seconds/using hand sanitizer frequently.
- All students are required to follow the masking, social distancing, and other guidelines set forth in the Academy's COVID-19 FAQ.

Please complete the section below and return a signed copy of this form to apeter@visitationacademy.org signifying your commitment to review this COVID-19 Health & Safety Checklist each day with your child BEFORE your child reports to school and to self-report any symptoms. You are expected to keep a copy of this form to review with your child daily before your child reports to school. Your signature below confirms your commitment that you will NOT send your child to campus if he/she has any of the symptoms listed above or any other symptoms associated with COVID-19 as they evolve.

I, (print name) _____ understand my responsibility to report the above information to protect the wellbeing of my child and family and the Academy's students, teachers, and staff through the duration of this pandemic.

Signature _____ Date _____

**These are identified as HIGH RISK symptoms. If you or your child are exhibiting these symptoms, we advise you seek further medical evaluation.*