

My Child is Well

Child's Name _____ Grade _____

Complete one for each student.

Please complete this short check list after 4:00 p.m. and before arrival to PSR.

If you answer yes to any of these questions, please do not send your child to PSR.

Does your child have...

Yes	No	Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
Yes	No	Sore throat
Yes	No	New uncontrolled cough that causes difficulty breathing (for students with chronic
Yes	No	Diarrhea, vomiting, or abdominal pain
Yes	No	New onset of severe headache, especially with a fever

Has your child...

Yes	No	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a
Yes	No	Traveled in the last two weeks outside the St. Louis area

Parent Signature _____ Date _____

Please arrive in the car line between 6:15 and 6:30 p.m. Children should stay in the car until car monitor arrives. Hand the *My Child is Well* form to the monitor, then child may enter building wearing a mask.

Return by 7:45 in the car line to pick up your child.

Due to COVID situation, no parents are allowed in the building during PSR.