## St. John's Episcopal Church

## † 10am Sunday School †

## Attendance Record & Health Screening Assessment

Child's Name:	Date:
	h of your child <u>prior</u> to their arrival at St. John's for Sunday School. blease do not have them attend Sunday School in person. Please
My child does not have the following symptoms:	To the best of my knowledge my child:
☐ Temperature of 100 degrees Fahrenheit or higher	☐ has not had any Covid-19 symptoms in the past 14 days.
□ Sore throat	☐ has not tested positive for Covid-19 in the past 14 days.
■ <b>New</b> uncontrolled cough that causes difficulty breathing (for students with chronic allergic/ asthmatic cough, a change in their cough from baseline)	has not had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed or suspected COVID-19 case in the past 14 days.
☐ Diarrhea, nausea, vomiting, or abdominal pain	<ul> <li>has not traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases in the past 14 days (as described in the <i>Community Mitigation Framework</i>).</li> <li>does not live in an area of high community transmission (as described in the <i>Community Mitigation Framework</i>) while St. John's Episcopal Church remains open.</li> </ul>
☐ New onset of severe headache, especially with a fever	
☐ Muscle pain	
□ New Loss of taste or smell	
☐ Skin rash or discoloration	
☐ Red eyes	
☐ Loss of appetite	
□ Fatigue	
Other:	
•	e 10am Church Service unless indicated in the comments below. e teacher need your assistance during the Sunday School class. g social distance guidelines at dropoff and pickup!
Parent / Guardian's Name:	<del>_</del>
Cell Phone Number:	_
Special notes for the day? Please comment here:	