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| <p>This note must be presented to the bus driver for all students riding school buses, or to school personnel if not riding a bus.</p> <p>The following criteria must be checked daily:</p> |
| My child does not have a temperature of 100.4F or greater. |
| My child is not taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce his/her fever. |
| My child has not had close contact or cared for someone with COVID-19 within the past 14 days. |
| My child has not returned from travel outside the United States or on a cruise ship or river boat within the past 14 days. |
| My child has not been directed to self-quarantine by a health care provider. |
| My child has not been directed to self-quarantine by the County or State Department of Public Health. |
| No one within my child's household is currently being evaluated for COVID-19 symptoms or waiting on the results of a COVID-19 test. |
| My child does not have any of the following symptoms: Chills; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste of smell; sore throat; congestion or runny nose; nausea; vomiting; diarrhea |
| If you answered yes to any of the above, you must keep your child home from school. |
| I hereby acknowledge that I have received a copy of this COVID-19 Daily Self Checklist. I understand that I am required to honestly and accurately complete this checklist each day before sending my child to school. PARENT/GUARDIAN NAME: _____ |
| Student Name: _____ DATE: _____ |

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