

RIISING HILLS KIDS REMOTE CHECK -IN

CHILD'S NAME:

AGE ON OR BEFORE SEPTEMBER 1ST:

PARENTS CELL NUMBER:

LIST ANY ALLERGIES:

WELLNESS CHECKLIST:

1. PLEASE REVIEW THE QUESTIONS BELOW ON SUNDAY MORNING. IF YOU ANSWER "YES" TO ANY OF THESE QUESTIONS, PLEASE REFRAIN FROM SENDING YOUR CHILD TO SUNDAY SCHOOL UNTIL ALL SYMPTOMS HAVE BEEN GONE AT LEAST 24 HOURS.

CHILLS	DIARRHEA	MUSCLE ACHES
COUGH	NAUSEA OR VOMITING	RASH
NASAL CONGESTION	FEATIGUE/EXCESSIVE TIRENESS	FEVER IN LAST 24 HRS.
SHORTNESS OF BREATH	HEADACHE	RED EYES

2. HAS YOUR CHILD OR ANYONE IN YOUR HOUSEHOLD BEEN TESTED, OR EXPOSED TO SOMEONE WITH KNOWN OR SUSPECTED COVID-19 IN THE PAST 14 DAYS?

Parent Signature:

Date:

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