



Norwalk Public Schools

COVID-19 Daily Parent Checklist

Complete this COVID-19 Daily Parent Checklist for your child before attending school each day.

If you reply YES to any of the questions, your child must STAY HOME.

Child's Name: _____

Date: _____

School: _____

Grade: _____

Has your child had a temperature of 100.4°F or greater in the past 24 hours? Yes No

Has your child taken any fever reducing medications in the past 24 hours? Yes No

Has your child traveled to a state that is banned in the past 24 hours? Yes No

Have you had any visitors in the last 2 weeks from a state that is banned? Yes No

<https://portal.ct.gov/coronavirus/travel>

Does your child have any of the following symptoms?

Loss of Smell or Taste?	Yes	No
Sore Throat?	Yes	No
Cough?	Yes	No
Muscle or Body Aches?	Yes	No
Shortness of Breath?	Yes	No
Chills?	Yes	No
Headache?	Yes	No
Fatigue?	Yes	No
Congestion/Runny Nose?	Yes	No
Nausea/Vomiting?	Yes	No
Diarrhea?	Yes	No
Loss of Appetite?	Yes	No

placed on quarantine for possible contact with COVID-19? Yes No

Print Parent Name: _____ Parent Signature: _____