

## COVID-19—CHILD SCREENING AND INDEMNIFICATION FORM

Date: \_\_\_\_\_

Most recent temperature of child: \_\_\_\_\_  
(no-touch thermometer available at school entrance)

Child's Name: \_\_\_\_\_

Please complete the following questions, selecting an answer for each.

1. Has your child experienced a fever, cough, sore throat, diarrhea, and/or had difficulty breathing in the past 10 days?  
 No                       Yes
  
2. When you took your child's temperature within the past 2 hours, was the temperature 100.4 F / 38C or greater?  
 No                       Yes
  
3. Have you or your child traveled by airplane within the past 10 days?  
 No                       Yes
  
4. Have you or your child traveled away from your primary residence within the past 10 days (other than to and from work, during work or to provide necessary services for yourself or your family such as groceries, medical supplies, gas etc.)?  
 No                       Yes
  
5. Have you or your child been in close contact (within 6 feet for cumulative time of 15 minutes) with a person who has been confirmed positive for COVID-19 or is waiting for COVID-19 test results?  
 No                       Yes
  
6. Have you been instructed to self-quarantine within the past 10 days by a health care provider?  
 No                       Yes

**Note:** If you answered "Yes" to any questions, please alert us immediately. We may not be able to accept your child for care.

By signing this form, I am agreeing that the above information is accurate. In consideration for accepting my child, I hereby agree to indemnify, defend and hold harmless the school and its employees of and from any liability, claim, or demand arising out of or related to COVID-19 or other communicable disease or condition. I am assuming such risk.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Printed)