

COVID-19 RELEASE FORM

1. Has your child had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has the health department or health care provider been in contact with you and advised you to quarantine your child?
 Yes No
2. Does your child have any of these symptoms?
 Fever
 Chills
 Shortness of breath or difficulty breathing
 New cough
 New loss of taste or smell
3. Since he/she was last at school, has your child been diagnosed with COVID-19?
 Yes No

Child's Full Name: _____

Parent's Signature: _____

Today's Date: _____

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