

PILGRIM CHRISTIAN DAY SCHOOL

7200 Liberty Road, Baltimore, MD 21207, 410 484 - 9240

Instruction to parent/guardian: please complete and sign this form. This form must be presented at check-in on the first day of attendance.

Screening Questions

Has your child had contact with anyone with confirmed COVID-19 in the last 14 days?

Has your child had a fever greater than 100 F/38 C in the last 14 days?

Has your child had difficulty breathing or shortness of breath?

Has your child had a cough in the last 14 days?

Has your child had a sore throat in the last 14 days?

Is your child currently experiencing a fever over 100 F, difficulty breathing, shortness of breath, or cough?

I _____ affirm that my child _____

who is a student in the _____ grade does not present with any of the above symptoms, or conditions.

I, also affirm that if my child presents with any of the above symptoms or conditions, I will keep my child from school until cleared by a medical practitioner. I will also inform Pilgrim Christian Day school as soon as practicable, but no later than before my child is brought/sent to Pilgrim Christian Day school.

BY: _____

Parent/Guardian Signature

Date: _____