



## Rye Playschool Prescreening Questions and Agreement

This form **MUST** be brought to the program each day your child attends.

In effort to reduce illness at the program, we ask that you check on the health of your child and complete this form prior to arriving at the program.

**Student Name:** \_\_\_\_\_

| Program Declaration of Health   |     |    |
|---|-----|----|
|   | Yes | No |
| Has your child had a positive COVID-19 test in the past 14 days prior to this program?  |     |    |
| Has your child had close contact with someone diagnosed with COVID-19 within the last 14 days prior to School starting?   |     |    |
| Experienced any of the following symptoms of COVID-19 in the past 14 days?<br>(Symptoms may appear 2-14 days after exposure to the virus, and people with these symptoms may have COVID-19).<br><br>Fever or Chills                      Diarrhea<br>Cough                                      Nausea or vomiting<br>Fatigue/Malaise                      Congestion or runny nose<br>Headache                                  New loss of taste or smell<br>Sore Throat                                Shortness of Breath or difficulty breathing<br>Muscle or body aches |     |    |

Any participants answering YES to any of the above questions will not be permitted to attend the program. Participants must be symptom-free for 14 days prior to their first day of the program.

| Parent Agreement  |       |          |
|---|-------|----------|
|   | Agree | Disagree |
| I agree that I will not send my child to the program if they are experiencing any COVID-19 signs or symptoms  |       |          |
| I agree that my child's temperature is not 100.4 or higher prior to the beginning of this program.  |       |          |
| I agree to not give my child fever-reducing medications so they can attend this program.  |       |          |
| I agree that if my child has had close or proximate contact with a confirmed or suspected COVID-19 case during the course of this program, we will keep them out of the program for the required 14 days. |       |          |

**Parents must agree to the above, in order for their child to be eligible for the program.**

By signing this agreement. I consent to the above requirements for my child to attend this program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_