

LPE Family Health Survey

Thank you for taking a few minutes to complete this health survey. The purpose of the survey is for us to be up to date with your child's general health while being away from and returning to school. Please complete separate surveys if you have more than one child in attendance.

Child's Name:		
1)	Does your child have any health issues we should be	e aware of?
2)	Has your child or family member traveled outside of the days? If so please provide dates and where to:	he United States in the last 90
3)	Has your child and family followed the Shelter In Place California to the best of your ability? If you answer no	
4)	Is there anything you are nervous about regarding yo	our child's return to LPE?
5)	Is there anything LPE should be aware of regarding y	our child and Covid-19?
Parent Signature		Date