

Hastings Public Schools ISD #200
Parent/Guardian Student - Daily Symptom Checks

Student Name: _____

School: _____

Grade: _____

I agree to monitor my child/guardian **EVERY DAY/EVERY MORNING/DAILY** for symptoms of COVID-19 that could indicate that they are not well. If my child/guardian has any COVID-19 symptoms or they have been exposed to a person with COVID-19, I will keep them home and follow the Minnesota Department of Health's recommendations for quarantine.

Symptoms of COVID-19*

- Fever or chills (T = 100.4 or higher)
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**This list does not include all possible symptoms (see [Symptoms of Coronavirus](#) for more information).*

Parent Signature _____ **Date** _____

We learn more about COVID-19 every day, and as more information becomes available, the Center for Disease Control (CDC) will continue to update and share information with us. As our knowledge and understanding of COVID-19 evolves, this guidance may change.

During the school day if your child/guardian develops illness symptoms we, the school, will notify you and help you and your family take needed actions. Students who develop illness symptoms during the school day will be sent home.