

Dear Parent/Guardian,

To ensure the health and safety of your child and others, please complete and sign this form and give it to the young person to turn in for Choir rehearsal.

Does my child currently have a temperature of 100.4°F or above?

No Yes If so, he/she cannot attend Choir rehearsal.

Does my child have any of these symptoms of COVID-19?

- Fever of 100.4°F or higher
- Cough
- Chills
- Shortness of Breath/difficulty breathing
- Loss of taste or smell
- Congestion/runny nose
- Nausea/vomiting/diarrhea
- Muscle/body aches
- Fatigue
- Sore throat
- Headache

No Yes If so, he/she cannot attend Choir rehearsal today and you should consult your doctor.

Has your child knowingly been near someone who in the past 10 days was with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?

No Yes If so, he /she cannot attend Choir rehearsal today.

Has your child tested positive for COVID-19 in the past 10 days?

No Yes If so, he/she cannot attend Choir rehearsal.

Has your child traveled internationally with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 10 days?

No Yes If so, he/she cannot attend Choir rehearsal.

Name of child: _____

Parent/Guardian name: _____

By signing this, I attest that all my answers are true to the best of my knowledge.

Signature _____ Date _____