

Child Drop-off Screening (done verbally with ALNC staff at drop-off)

General Information

Child Name: _____ **Date:** _____

Drop-off Person Name: _____

Drop-Off Person Daytime Phone Number: _____

What time will the child be picked up today? _____

Who will be the pick-up person? _____

Does your child have Bug spray and Sunscreen on? Y/N

Child Health Screening

Please check off all that apply:

- This child has not had a fever (temperature of 100.4° or higher) within the past 72 hours.
- This child has not had potential symptoms of COVID-19, such as shortness of breath, nausea, diarrhea or persistent dry cough, within the past 72 hours.
- This child has not taken any fever reducing medications like acetaminophen or ibuprofen in the past 24 hours.
- This child is free of symptoms of other communicable illness, and is healthy enough to engage in daily activities including outdoor play.
- To your knowledge, has your child or anyone in your household been exposed to someone that has tested positive for COVID-19 in the last 10 days?

Current Temperature Reading: _____

Anyone with a current temperature of 100.4° or greater may not be admitted to the center.

Children must meet all these conditions in order to be admitted to the center.

