

STUDENT WELLNESS CHECKLIST

Please complete this wellness check with your child EVERY DAY your child is coming to Garrison School. This sheet will be their entrance into the school so it must be completed.

Any questions contact Melissa DeFonce,

mdefonce@gufs.org or 845-494-1758.

PLEASE DO NOT SEND SICK CHILDREN TO SCHOOL.

★ Student's Name _____

★ Date _____

★ Temperature (with thermometer) _____

★ Is the student experiencing any of the following this morning?

- Fever (above 100.0°F)
- Cough (a new cough or for students with chronic allergic/asthmatic cough a change in their cough from baseline)
- Nasal congestion or runny nose
- Sore throat
- Shortness of breath
- Diarrhea
- Nausea or vomiting
- Loss of taste and/or smell
- Fatigue
- Headache
- Muscle pain
- Poor eating or poor appetite
- None of the above

★ If your child has any of the above symptoms please keep them home today

★ I attest that my child is feeling well this morning and should come to school

_____ (your signature)

Signs and symptoms of COVID-19 in children may be similar to those for common viral respiratory infections or other childhood illnesses