



COVID-19 HEALTH CHECK

My child/ren _____ have been health assessed today (date) _____

My child/ren do(es) not display any of the following symptoms: Fever (100 or higher), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body ache, headache, loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea.

Parent signature: _____

If your children display any symptoms they must stay home.

Please be aware if at anytime during Farm School your child displays symptoms, they will be moved to a supervised area away from other children, you will be called to pick them up. **Emergency number:** _____

CHILD PICK-UP AUTHORIZATION FORM

Child's name: _____

Main pick-up person:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Additional persons who may pick up child/children:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Note: Adults will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent. Adults are asked to wear a mask and maintain social distance during drop off and pick up.

Parent Signature: _____ Date: _____