



# USD 506 Labette County Self-Assessment Checklist

Parents / Guardians should assess their students daily health prior to sending them to school. If you can answer **“YES”** to any of the COVID-19 symptoms below **DO NOT** send your student to school. By sending your child(ren) to school, you agree the answer to each of the statements below is **“NO”**.



## FEVER

My child has a temperature over 100.0°F.

YES NO



## SORE THROAT

My child has complained of having a sore throat.



## DRY COUGH

My child has a persistent dry cough.



## LOSS OF SMELL OR TASTE

My child has complained of a loss of smell or taste.



## SHORTNESS OF BREATH

My child finds it hard to breath or has a shortness of breath.



## DIRECT EXPOSURE TO COVID-19

My child has recently been directly exposed to a person with COVID-19.

**If your child is sick, please contact your school secretary.**