

## Boone County School District COVID-19 Back to School for Students

To keep our students. families, employees and community safe, we are following state and local health official's recommendations as we reopen schools for 2020-2021. This includes completing a COVID-19 Back to School Questionnaire. Please complete the information below for each child enrolled in a Boone County School for the 2020-2021 school year.

Student Name:			Date of Birth:	School:
arent/Guardian Name: Parent/Guardian Contact Phone #:				
Has student been ill in the last 3 weeks	.? □ Yes	□ No		
Has student experienced any of the following	lowing syn	nptoms <u>c</u>	over the last 3 weeks:	
Symptom	Yes	No	If yes, please explain:	
Fever				
Body Chills or New Rash				
Extreme Fatigue				
New Uncontrolled Cough				
Pain/Difficulty Breathing				
Shortness of Breath				
Sore Throat				
Body/Muscle Aches				
Loss of Taste or Smell		1		
GI symptoms (vomiting/diarrhea)		1		
Changes in vision/eye discharge				
Has student been previously or is curre	ntly diagn	osed witl	n COVID-19?	
☐ Yes ☐ No If yes, please explain: _				
To the best of your knowledge, has stu	dent had a	anv direc	contact with someone that has a suspe	cted or lab confirmed case of COVID-19?
		-	•	
☐ Yes ☐ No If yes, please explain: _				
Has student been self-quarantined due	to suspec	ted expo	sure or symptoms of COVID-19?	
$\square$ Yes $\square$ No If yes, please explain: $\_$				
Please list and date any places you have	e traveled	to outsic	le the state of Kentucky in the last 14 day	ys:
***If you answer yes to any of the	above qu	estions,	you may be contacted by a school/dis	trict representative for additional information***
By signing below, I acknowledge that:				
o Temperature will b	e checked	at the so	hool facility as well	they have a temperature at or above 100.4
<ul> <li>I will keep my child home if t</li> </ul>				
<ul> <li>Sick children may l</li> </ul>	be isolated	from we	ell students until they can leave the school	ol; prompt pick up of sick students is required
<ul> <li>Cloth face coverings/masks v</li> </ul>				
<ul> <li>Social distancing (currently 6</li> </ul>	feet) will l	be maint	ained as much as possible	
			overing/mask if social distancing cannot l	
			if possible; if not possible please notify	
<ul> <li>I will notify my child's school someone with COVID-19 wit</li> </ul>				nas a positive test for COVID-19, or was exposed to
Parent/Guardian Signature:				Date:
For internal use only- Reviewed by:				Date:
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