**S.S. CYRIL AND METHODIUS CHURCH –**

**POLISH SATURDAY SCHOOL**

**Questions and Answers during COVID-19:**

1. Has your child tested positive for COVID-19 in the past 14 days?
2. Has your child had close contact (within 6 feet) with a person with COVID-19 for a prolonged period of time (10 minutes or more) in the past 14 days?
3. Does your child have a cough?
4. Does your child have shortness of breath or difficulty breathing?
5. Does your child have a fever (temperature of 100.4°F or higher) without taking any fever-reducing medications?
6. Is your child experiencing fatigue?
7. Does your child have chills?
8. Does your child have muscle or body aches?
9. Does your child have a headache?
10. Does your child have a sore throat?
11. Does your child have a loss of taste or smell?
12. Does your child have congestion or a runny nose?
13. Did your child experience any new gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite within the last 24 hours?

**Please note if the answer is YES to any of the questions your child will need to remain home. Complete the form by Saturday 9:00 AM or 10:00 AM. If you forget to complete it prior to dropping off your child, please fill it out using your mobile device in order to enter the school.**

**Child’s name**

**Parent’s signature and date**