TEMPERATURE SCREENING SLIPS



Slips are to be completed by parents:

- Record your child's temperature reading each day and sign your name.
- Tear off the slip of paper.
- Students must submit the completed slip to their first teacher at the start of the day.
- If you or your child's temperature is 37.6°C/99.7°F or higher, please do not come to campus.

Name	Student ID	Grade
Date	Temperature	Parent's
(DD/MM/YY)	(Celsius/Fahrenheit)	Signature

No one in my household is currently on Leave of Absence, Quarantine Order, Stay-Home Notice, or is currently ill or exhibiting any symptoms.

*Please do not send your child to school if they exhibit any symptoms (cough, runny nose, fever, sore throat) or if any member of your household is on an active Leave of Absence, Quarantine Order, or Stay-Home Notice.

<-----

Name	Student ID	Grade
Date	Temperature	Parent's
(DD/MM/YY)	(Celsius/Fahrenheit)	Signature

No one in my household is currently on Leave of Absence, Quarantine Order, Stay-Home Notice, or is currently ill or exhibiting any symptoms.

*Please do not send your child to school if they exhibit any symptoms (cough, runny nose, fever, sore throat) or if any member of your household is on an active Leave of Absence, Quarantine Order, or Stay-Home Notice.

*-----

Name	Student ID	Grade
Date	Temperature	Parent's
(DD/MM/YY)	(Celsius/Fahrenheit)	Signature

No one in my household is currently on Leave of Absence, Quarantine Order, Stay-Home Notice, or is currently ill or exhibiting any symptoms.

*Please do not send your child to school if they exhibit any symptoms (cough, runny nose, fever, sore throat) or if any member of your household is on an active Leave of Absence, Quarantine Order, or Stay-Home Notice.

*-----

Name	Student ID	Grade
Date	Temperature	Parent's
(DD/MM/YY)	(Celsius/Fahrenheit)	Signature

No one in my household is currently on Leave of Absence, Quarantine Order, Stay-Home Notice, or is currently ill or exhibiting any symptoms.

*Please do not send your child to school if they exhibit any symptoms (cough, runny nose, fever, sore throat) or if any member of your household is on an active Leave of Absence, Quarantine Order, or Stay-Home Notice.

Name	Student ID	Grade
Date	Temperature	Parent's
(DD/MM/YY)	(Celsius/Fahrenheit)	Signature

No one in my household is currently on Leave of Absence, Quarantine Order, Stay-Home Notice, or is currently ill or exhibiting any symptoms.

*Please do not send your child to school if they exhibit any symptoms (cough, runny nose, fever, sore throat) or if any member of your household is on an active Leave of Absence, Quarantine Order, or Stay-Home Notice.