

BEECHER ROAD SCHOOL

Dear Parents/Guardians,

*To ensure a safe return to school we ask that you perform a COVID-19 Screening on your child(ren) each morning **before** sending them to school.*

1. Do they have a fever (100.0) OR feel warm OR have chills?

- Yes

- No

2. Do they have any of the following respiratory symptoms?

- Cough
- Sore throat
- Congested or runny nose
- Shortness of breath

3. Do they have any of the following symptoms?

- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Body Rash
- Nausea or vomiting
- Diarrhea

4. Has your child had contact with a suspected or known COVID-19 patient (spent longer than 15 minutes within 6 feet of someone who was sick with a fever and cough)?

- Yes
- No

If you answer yes to any of the above questions, **please keep your child at home for further observation. Call the school nurse's office for further advice 203-389-7614.**

5. Pursuant to Governor Lamont's **Mandatory Self-Quarantine for Travelers**, please refer to Section 2 of Executive Order 7III regarding travel restrictions when traveling out of state.

