

Date: _____

ECFE COVID-19 Family Daily Participation Checklist

- We are not exhibiting any of the following symptoms associated with COVID-19:
 - Fever of 100.4°F or greater
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- We have not been in close contact with anyone within the last 14 days who has been quarantined or isolated due to COVID-19.
- We have not been advised by any medical provider or health authority that we may have been exposed to COVID-19.
- We have not traveled out of the country in the past 30 days, or been in close contact with anyone who has traveled out of the country in the past 30 days.
- I (adult) understand that I will wear a face covering when participating with others indoors, and keep a 6-foot distance between myself and others.
- We understand that in the case that we are notified that we may have been exposed to COVID-19 or start to exhibit any of the symptoms above while participating, we will immediately halt all participation where we are in contact with others, notify my instructor, and vacate the premises.

If you exhibit any of the symptoms in the daily check-in list, please contact us immediately at ecfe@district196.org, 952-388-1953 so we may process information.

Parent Signature _____

7/15/20

