PLEASE TURN IN ONE TICKET PER SCHOOL DAY

Date:

Please check the following:

- ❏ We are following the guidance from the *Vermont Forward* Plan and will test upon return from any travel out of state within 3 days for those that are unvaccinated. *
- ❏ No one is currently quarantining in our household.*
- ❏ My child does **not** have COVID symptoms (see back).*
- ❏ I have checked my child's temperature and it is below 100.4 degrees.*

- ❏ Lunch Today (No Charge)
- ❏ Breakfast for tomorrow (will come home, No Charge)

Student: _____

Caregiver Signature:_____

IF BOXES WITH * ARE NOT CHECKED, STUDENT WILL SEE NURSE TO DETERMINE NEXT STEPS

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Symptoms Include:

- Fever (100.4 F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Fatigue
- Muscle pain or aches
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Symptoms may start 2 to 14 days after exposure to the virus. If you are having any symptoms of COVID-19, call your provider. If you are having a medical emergency, call 9-1-1 or go to the hospital.

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