PARENTAL SELF-SCREENING FORM

Please complete this form and have your child present it to a VBS staff member upon arrival to the VBS Celebration on July 30.

VBS Celebration on July 30, 2020
(class name/date(s) of session(s)).

_____ I have read and agree with the protocols that will be followed by the St. Paul's Lutheran Church VBS staff.

_____ My child does not have:

- Fever, chills, or sweating
- Cough, shortness of breath or sore throat
- Muscle pain
- Loss of taste or smell
- Diarrhea or Rash

_____ I have taken my son's/daughter's temperature and it's below 100 degrees F. He/she is not taking **fever reducing medicine**.

_____ My child has not had any **close contact with an individual diagnosed with COVID-19** or traveled internationally within the past 14 days.

_____
(Parent/Guardian Signature)

_____
(Date)