



DAILY STUDENT WELLNESS CHECK

Parents must complete a "Wellness Check" attestation form daily for their child regarding any symptoms or diagnosis of COVID-19 illness in their family or contacts. The completed form must be sent to KDS each day. If it is not received, the student may not enter the program.

By signing this form, I confirm the following statements are true:

- In the past 48 hours, my child has not had any of the following symptoms:
 - Fever (temperature of 100.0°F or higher) and/or chills
 - Cough (not due to other known cause, such as chronic cough)
 - Difficulty breathing or shortness of breath
 - New loss of sense of taste or smell
 - Sore throat
 - New muscle aches or body aches
 - Nausea, vomiting and/or diarrhea
 - Fatigue
 - Nasal congestion or runny nose (not due to other known causes, such as allergies)
 - Headache

- In the past 14 days, my child has **not**:
 - Had close contact with any individual diagnosed with COVID-19
 - **Had a household member who is ill with fever or respiratory symptoms OR a household member awaiting COVID-19 test results**
 - Traveled outside of Massachusetts

- In the past 24 hours, my child has not been given fever reducing medicine (Ibuprofen, Tylenol) for any of the above symptoms.

If you have any questions and/or if your child has any of the above symptoms, please CONTACT THE KDS NURSES ASAP. Thank you.

Student's Name: _____

Parent Signature: _____

Date: _____



Please Note:

To maximize the health and safety of students, their families, and the staff of the Kennedy Day School, this form must be faxed, emailed or sent with your child before attending school each day. Your child WILL NOT be allowed into school without this completed form.

Fax #: (617) 779-1639

Email: jmicheli@franciscanchildrens.org