

DAILY LOG

CHILD'S NAME _____

My child's temperature today is _____.

- Have you given your child any fever reducing medication?
- Does your child have any of the following symptoms?
- **2 of these:** chills, shivers, muscle aches, sore throat, nausea/vomiting, diarrhea, fatigue, congestions/runny nose OR
1 of these: cough, shortness of breath, difficulty breathing, new loss of taste or smell
- Has your child been exposed to someone with known COVID-19?
- Has your child been diagnosed with COVID-19 and not yet been cleared to discontinue isolation?
- Is your child currently waiting for COVID-19 test results?

Parent's Signature _____ Date _____

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