

***Growing Station Summer Covid-19 Questionnaire and Waiver***

In compliance to the CDC regulations of the Coronavirus COVID-19, please answer the following questions to ensure all staff and children are protected:

(Please print)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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**In the past 30 days...**(circle all that applies)

Have you or your child/children recently been out of the country? Yes No

Have you or your child/children experience shortness of breath? Yes No

Have you or your child experience a fever? Yes No

Have you or your child/experience flu like symptoms? Yes No

Have you or your child/children experience loss of taste and or smell? Yes No

Have you or your child/children experience purple like rash on feet and /or body? Yes No

By initialing you agree that all questions above were answered truthfully. \_\_\_\_\_ **(please initial)**

If you answer yes to any of the questions we kindly ask that you seek a physician's care immediately. Your child will be able to return to our center with a physician's release form. \_\_\_\_\_ **(please initial)**

***Waiver of liability due to COVID19***

By initialing I agreed that I have been informed of Growing Station precautions to keep my child/children safe during this pandemic. \_\_\_\_\_ **(please initial)**

I hereby release Fullness of the Spirit Growing Station Daycare from any liability should my child become COVID19 positive. \_\_\_\_\_ **(please initial)**

I hereby agree to allow my child to participate in Growing Station's on and offsite activities. Including but not limited to: bounce house, special guest presentations, painting, music class, physical education activities, outside play, center play, and nature walks. \_\_\_\_\_ **(please initial)**

I understand that I am required to notify Growing Station Daycare immediately of a COVID19 positive diagnose and/or its symptoms \_\_\_\_\_ **(please initial)**

Parent's Name: (Print & Sign) \_\_\_\_\_ Date: \_\_\_\_\_