

DIOCESE OF GRAND RAPIDS Office of Faith Formation 360 Division Ave S Grand Rapids MI 49503-4501

## Prince of Peace Parish Home Screening for Children/Youth Parish Faith Formation

Symptom Check: Na	me of Student:
<ul> <li>Does your child have ANY of the following symptot</li> <li>[] YES</li> <li>Temperature 100.4 degrees Fahrenheit or high OR feels warm to touch OR feels feverish or has chills</li> <li>Sore throat</li> <li>New cough or change in cough for a child who often has a cough</li> </ul>	[] <b>NO,</b> my child does not have any symptoms.
<ul> <li>Diarrhea, vomiting, or belly pain</li> <li>New severe headache</li> <li>New loss of taste or smell</li> </ul>	
<b>Close Contact Check:</b> Has your child had close contact (within 6 feet of someone for 15 minutes or more) with a person who has been confirmed to have COVID-19?	
[] YES	[] <b>NO</b>
If your child has answered YES to either of the questions above, your child cannot attend Faith Formation Classes today.	