**I AM’S TEMPLE CHRISTIAN ACADEMY**

*620 Ravine Road – Plainfield, NJ 07062 – 908-753-6222*

**website:iamstemple.org**

*Sister Janice Walker – Director*

*Fax #908-753-7804*

**Please read the entire form and answer all of the questions truthfully and honestly**. Due to the Covid-19 outbreak we are taking extra precaution with every student. Everyone is encouraged to wear a mask and must adhere to social distancing requirements. We must also obtain a brief health history review before your child is able to attend class. We will take your temperature immediately upon entering the building.

Please complete the following and sign below. If your child’s temperature is above 100.4 your child will not be allowed to stay at school. Our lives depend on your answers so please be honest when filling out this form any false information can cost our staff, students or families their lives. The information you provide is completely confidential.

Today’s date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your cell number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or any family member tested positive for COVID-19?

\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_No

If you answered yes please provide a test date

Test Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any of the following COVID-19 symptoms in the past 14 days? (Circle)

Fever

Chills/Shakes

difficulty breathing

dry cough

sore throat

sneezing

skin rash

sudden loss of taste or smell

gastrointestinal upset

I understand the above symptoms and affirm that I as well as my household members do not currently have nor have we experienced any of the symptoms listed above within the last 30 days. In the event you begin to experience any of the COVID-19 systems listed above or if you test positive for COVID-19 please notify us immediately. Signing below confirms that you have read acknowledge and agree to all the terms and conditions stated above and you affirm that all of the information you have provided to I Am’s Temple is true and hold I Am’s Temple harmless.

Thank you for your cooperation

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_