



Powell United Methodist Church Preschool

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www.pumcpreschool.com

HEALTH CARE SCREENING FOR PUMC PRESCHOOL ATTENDANCE

To minimize the risk of transmission of illnesses and to take precautions to keep all students and staff healthy, **we ask you to review all of the following health questions before your child attends preschool.** Please consider this list each day your child is scheduled to attend class. If you answer **YES** to any of the following questions, please call the preschool office 614-847-3773 to report your child's absence.

1. Have you or your child been in close contact with anyone who was confirmed/suspected to have COVID-19/illness in the past 14 days?
2. Have you or your child had a fever of 100' or higher in the past 48 hours without medication?
3. Have you or your child had a cough or shortness of breath in the past 24 hours?
4. Have you or your child had a recent loss of smell, taste or a sore throat?
5. Do you or your child have any cold or flu symptoms (ex: muscle pain, severe headache, vomiting, diarrhea, rash, abdominal pain, red/pink eye(s), overall weakness?

This information confirms and represents your full understanding of the risks and benefits of attending PUMC preschool. Our mutual goal is to provide every reasonable step to slow the spread of illnesses at preschool.

Please sign that you have received this information.

Child's Name _____

Class _____

Parent: _____

Date: _____

Return to preschool office by first day of class

8/31/2021