



COVID-19 **Student** Daily Symptom & Temperature Check

COVID-19 Symptoms: Fever (100.3 or higher) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

I, _____ (parent or guardian), confirm that my student, _____, has no temperature, no COVID-19 symptoms (listed above) or any other indications of sickness and I approve their participation in OUSD practice &/or competition per the current stage of the COVID-19 return to play protocol.

	Date	Parent Signature		Date	Parent Signature
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