



Participant Name: _____

Class: _____

Pre-Activity Health Screening

Dear Bakehouse families,

The best sessions start with healthy participants and this begins at home. To minimize illness during activities, we ask that you please bring this completed form to The Bakehouse on class day or email a copy to: ***info@thebakehousemi.com***

Please indicate if your participant has any of the following symptoms prior to activity. If any temperature or symptoms are present, please have the participant evaluated by a licensed provider and contact us for further guidance.

Symptoms • Cough • Shortness of breath or difficulty breathing • Fever • Chills • Muscle Pain • Sore throat • New loss of taste or smell • Nausea • Vomiting • Diarrhea

Please initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of activity. **Initial** _____

2. No one in our household has been sick in the 14 days prior to activity. **Initial** _____

3. My child has not traveled by air in the 14 days prior to activity. **Initial** _____

4. My child has adhered to our state's guidelines regarding COVID19. **Initial** _____

Our signature indicates that we completed this health screening to the best of our ability. We understand that arriving to activities healthy is vital to a healthy program for all participants.

Parent Signature: _____ **Date:** _____

***Does your child have any medical conditions we need to be aware of?** _____

EMERGENCY CONTACT/PHONE #-: _____
