



Young Peoples Workshops  
**YPW**  
SPANISH  
IMMERSION  
SCHOOL



Child's name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Describe all symptoms:

- |  |  |
|--|--|
| <input type="checkbox"/> Fever             | <input type="checkbox"/> no appetite         |
| <input type="checkbox"/> Vomiting          | <input type="checkbox"/> lethargic           |
| <input type="checkbox"/> Diarrhea          | <input type="checkbox"/> mucus               |
| <input type="checkbox"/> Unidentified rash | <input type="checkbox"/> eye discharge       |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> sore with discharge |

Actual thermometer reading (underarm) \_\_\_\_\_ Time \_\_\_\_\_  
(TDFPS minimum standards and YPW Spanish Preschool require that children be excluded with a temperature of 99.4 underarm with additional symptoms)

Second thermometer reading (underarm) \_\_\_\_\_ (if applicable) Time \_\_\_\_\_

Parent contacted (or other authorized release person) \_\_\_\_\_

Time \_\_\_\_\_ Result \_\_\_\_\_

Teacher \_\_\_\_\_

Pick up time \_\_\_\_\_ Person picking up \_\_\_\_\_

The earliest your child may return to school:

- ☐ Symptom free without medication for 24 hours  
☐ Other \_\_\_\_\_

\_\_\_\_\_  
Director

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