

Manasquan Elementary School Summer Skills Program Pre-Screen Questionnaire

Please fill out and return form to Manasquan Elementary School on the FIRST day of the program. No student will be admitted into the building without a completed form on file.

Name of Student: _____ Date: _____

Parent/Guardian Cell: _____

Please Circle One

Has your son/daughter been diagnosed with Coronavirus (COVID-19)?	YES	NO
• If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic?	YES	NO
• If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized?	YES	NO
Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)?	YES	NO

If at any time during the program, your student or a family member residing with your student tests positive for COVID-19, please contact the District immediately. Student/family confidentiality will be maintained, however, the District is required to notify the Department of Health – Youth Camp Project, local health officials, staff and other students' families

Signature of Parent/Guardian: _____