



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA Daily Wellness Check Cleveland County Family YMCA

Child's Name _____ Date of Birth _____

Please check off which days, including today, your child has attended this session

Mon Tue Wed Thur Fri

Everyone is equally susceptible to contracting COVID-19 upon exposure. Currently, there is no cure or vaccination available to prevent contracting COVID-19. Proper sanitation practices, avoiding contact with infected persons, and self-quarantine at the onset of symptoms are the most effective ways to prevent contraction and spread within the community.

This information abides by all YMCA confidentiality policies. To help us monitor health conditions in our program, please check off any symptoms below that your child has exhibited within the past 48 hours. The below symptoms are not only for COVID-19, but other viral, bacterial, or fungal infections.

- | | | |
|--|---|---|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Nasal congestion |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Fever over 100° | <input type="checkbox"/> Body aches | <input type="checkbox"/> Rapid heartbeat |
| <input type="checkbox"/> Rash | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Cough | |
| <input type="checkbox"/> Stiffness in neck | <input type="checkbox"/> Shortness of Breath | |

The YMCA will seek immediate medical attention if we notice your child exhibiting any of the following warning signs of a case of COVID-19:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in chest
- Disorientation, lethargy, or inability to arouse
- Bluish lips or face

By signing below, I hereby state I have no knowledge of my child exhibiting any of the symptoms listed above within the past 48 hours. I also acknowledge that if YMCA staff involved in the facilitation of this program notice my child displaying any of the above symptoms, I or another emergency contact will be available to retrieve my child from care within one hour of being contacted.

Name (Printed) _____ Signature _____ Date _____

Cleveland County Family YMCA • clevecoymca.org
Kings Mountain Family YMCA Childcare (704) 669-3685
Dover Foundation YMCA Childcare (704) 669-3634