

FL Parent COVID Cheat Sheet

Use this form to track symptoms for communicating with the staff at Frank Love if a student is experiencing symptoms, been exposed to COVID or in some way you answer YES to the daily health check.

- ☐ Email the nurse (ssehmel@nsd.org) , building COVID supervisor (dwaters@nsd.org), attendance (frankloveattendance@nsd.org) and your classroom teacher.
- ☐ Record the first day of symptoms _____
- ☐ Mark which symptoms within 3 days and longer than 24 hours and date they began and resolved

Symptom	Date Started	Date Resolved	Notes
Fever of 100.4 or above			
Cough			
Shortness of Breath			
Chills			
Loss of Taste or Smell			
Fatigue			
Muscle Pain/Body Aches			
Headache			
Sore Throat			
Congestion/Runny Nose			
Nausea or Vomiting			
Diarrhea			
Other signs of new illness			

- ☐ Date of close contact or exposure _____ Who? _____
- ☐ Close contact positive? _____
- ☐ COVID test? _____

The nurse or building COVID supervisor will reach out to you via phone to confirm information and set quarantine dates.. Please let us know if anything changes, and do not come to school until you have been cleared.

Thank you!