



735 Longmeadow St.
Longmeadow, MA 01106

Greenwood Children's Center
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LPRD SUMMER CAMP DROP OFF SCREENING

Today or in the last 24 hours, have you or any household members had any of the following symptoms?

- Fever (temperature of 100°F or above), felt feverish or had chills? _____
- Cough? _____
- Sore throat? _____
- Difficulty breathing? _____
- Gastrointestinal symptoms (nausea, diarrhea, vomiting)? _____
- Fatigue? _____
- Headache? _____
- New loss of taste/smell? _____
- New muscle aches? _____
- Any other signs of illness? _____
- In the past 14 days have you been in close contact with anyone known to be infected with the novel Coronavirus (COVID-19)? _____

Child's Name: _____

Parent Signature

Date

Staff Signature

Date