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Dear Parents,

The safety of your child and our students and staff is of utmost importance as we return to school. During this school year, it is your responsibility to do the daily screening that will be relied upon by your child's school. Below is a checklist of statements you may use as a reference. **If your child exhibits any of the following signs, indicating by answering yes to the questions below, do not send your child to school. Please keep them at home and contact your healthcare provider.**

This checklist must be used separately for each child attending school from your household. You can print the [At Home Screening Form Daily Log](http://www.panama.k12.ok.us) to assist you from our website at www.panama.k12.ok.us.

1. Are you (or your child) experiencing a new cough that you cannot attribute to another health condition? YES / NO
2. Are you (or your child) experiencing shortness of breath that you cannot attribute to another health condition? YES / NO
3. Are you (or your child) experiencing a sore throat that you cannot attribute to another health condition? YES / NO
4. Are you (or your child) experiencing a loss of smell or taste that you cannot attribute to another health condition? YES / NO
5. Do you (or your child) have a temperature at or above 100 degrees or the sense of having a fever? YES / NO
6. Within the last 14 days, have you (or has your child) had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19? YES / NO

(Note: Close contact is defined as within 6 feet for more than 15 consecutive minutes.)

By sending your child(ren) to school, you are certifying you have screened your child that day and the answer to each of the questions above is "No."

Thank you,
Panama Administration Team

