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| **Child Name:** | **Building and Classroom:** | **Symptoms/Reason for Exclusion:** | **Date the Child or Family Member was Tested:** | **Date Child was Excluded/Sent Home from Program:** | **Doctor Excuse Must Be Provided (Write Date of Excuse):** | **Date Child May Return to Program:** |
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**COVID-19 Exclusion Child Record Sheet**

If a child or anyone from the household has symptoms, exposure and/or is tested, the child will be excluded from the program.