

COVID-19 School Health Screening Agreement

For the health and safety of our students, the health department requires students be screened for symptoms of COVID-19 each day before school. The health department and the CDC do not recommend these screenings be done by the school because of the time it would take and the disruption to education it would cause.

We ask that you complete the enclosed student screening at home, prior to sending you child to school or any school activities/sports. We also need you to complete the form below indicating you understand and agree to perform symptom screenings on your child. If you have any questions, please contact your building principal.

By signing this form, I am committing to screening my child daily for the 2020-2021 school year, unless otherwise directed. I also understand that it is my responsibility to call the building office as soon as possible to let them know if my child is not going to school due to potential COVID-19 symptoms.

I commit to screening my child _____ for COVID-19 symptoms and exposure.

Parent(s)/ Guardian(s) Name: _____

Phone Number: _____

Parent or Guardian Signature: _____

Date: _____

Student's Grade: _____

PLEASE RETURN THIS TO YOUR BUILDING OFFICE

DAILY STUDENT SCREENING

Before sending your student to school **each day**, please check for the following:

SYMPTOMS

- Temperature 100.4° F or higher when taken by mouth.
- Sore throat.
- New, uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from what is usual).
- Diarrhea or vomiting.
- New onset of severe headache, especially with a fever.

EXPOSURE - In the past 14 days has your child:

- Had close contact (within 6 feet for at least 15 minutes) with a person with **confirmed** COVID-19.
- Had close contact (within 6 feet for at least 15 minutes) with a person **under quarantine** for possible exposure to COVID-19.

If the answer is **YES** to any of the **SYMPTOMS**, keep your child home from school, and call the school.

If the answer is **YES** to any **SYMPTOM** and **YES** to any **EXPOSURE**, keep your child home from school, call the school, **AND** call your healthcare provider right away.

If the answer is **YES** to any of the **SYMPTOMS**, but **NO** to any **EXPOSURE**, your student may return if the following are true:

- Fever: 24 hours with no fever, without the use of medication.
- Sore throat: improvement (if strep throat, do not return until at least 2 doses of antibiotic).
- Cough/Shortness of breath: improvement.
- Diarrhea or vomiting: no diarrhea or vomiting for 24 hours.
- Severe headache: improvement.

PLEASE CALL WHEN YOUR STUDENT IS ABSENT!

- Jr/Sr High School Attendance Office - 467-5212
- Elementary Attendance Office - 467-5200

Other Important Numbers:

- Transportation - 467-5230
- Athletics - 467-5235
- Superintendent's Office - 467-5220
- Jr/Sr High School Office - 467-5210
- Elementary Office - 467-5200

PLEASE KEEP THIS POSTED IN YOUR HOME FOR DAILY REFERENCE.