



Parent Acknowledgement Form COVID-19 Screening

Parents are responsible for screening their students daily for symptoms associated with COVID-19.

By sending your child to school you agree to the following:

- I will monitor my child's health for any of the recognized symptoms of COVID-19 and will contact the school nurse if my child develops any of the symptoms set forth below:
 - A fever of 100.4° F or higher
 - A new cough that cannot be attributed to another health condition
 - Shortness of breath that cannot be attributed to another health condition
 - Chills that cannot be attributed to another health condition
 - A new sore throat that cannot be attributed to another health condition
 - A change in my student's senses of smell and/or taste
 - A headache that cannot be attributed to another health condition
 - Muscle or body aches that cannot be attributed to another health condition

- I will not send my child to school if they have symptoms associated with COVID-19.
- I will notify the school nurse immediately if my child comes in close contact with someone who is known to be, or suspected to be, infected with COVID-19.
- I will notify the school administration immediately if my family travels internationally, including cruise ships, or to an area which has returned to stricter regulation than presently in place locally. I understand that my child may be required to remain out of the school until it is determined that the travel does not pose a health concern at school.
- I agree that should my child become infected with COVID-19 or become exposed to someone with COVID-19, the school division, as mandated, will report this to the Suffolk Health Department, who will identify and communicate with employees or individuals considered a contact exposure risk. Steps will be taken to maintain privacy as required by law.
- If my child tests positive for COVID-19 infection or is otherwise diagnosed as infected with COVID-19, I agree to quarantine my child in accordance with federal, state and local health directives.
- If my child becomes ill while at school, I will arrange to have him/her picked as soon as possible and prior to dismissal OR I may lose the face to face instructional opportunity.

I have read and understand the information I have been provided in the parent communication, and will contact my child's school if I have any questions.

Please sign and return this form, OR acknowledge by completing link below:

<http://bit.ly/3ncI8AZ>

Student Name

Parent/Legal Guardian/Independent Student Name (PRINT)

Parent/Legal Guardian/Independent Student Name Signature

Date