

PARENT/GUARDIAN DAILY SCREENING COMMITMENT



The health, safety and well-being of students and staff are a top priority as CCA and CCHS plan to reopen for the 2020-2021 school year.

We appreciate and require your cooperation in reopening. We are reopening based on the assurance that all persons entering school premises have taken proper precautions to prevent the transmission of COVID-19. The return to school (and remaining open) will require diligence by all parents, guardians and staff.

It is understood that persons who do not exhibit symptoms can transmit COVID-19. There is no guarantee that persons entering school premises will not contract COVID-19, although we are initiating as many risk mitigation strategies as possible.

We require that you screen your child **prior to arrival** at the school *each* day. Each family will be required to complete a **daily health check-in** using this link: <https://bit.ly/31FEF51>

In addition to daily active screening, please note that all students will be monitored at school for possible signs or symptoms of illness. When a child is exhibiting symptoms, they will be removed from regular activities, a mask will be put on them and they will be taken to the Wellness Room. Parents will be required to pick them up from school immediately as per Appendix C of A Parent's Guide to Reopening.

As a Parent/Guardian, you must prevent the spread of illness by keeping your child home from school if you or your child experience **any** of the following signs or symptoms:

- Fever (38°C or 100.4°F or higher)
- Chills or shakes
- Shortness of breath or difficulty breathing
- New loss of sense of taste or smell
- Sore throat
- Muscle or body aches
- Nausea, vomiting or diarrhea

Symptoms only if combined with other symptoms:

- Fatigue
- Headache

Symptoms only if NOT due to other known causes (e.g. asthma, chronic cough or allergies)

- Cough
- Nasal congestion or runny nose (AND in combination with other symptoms)

If your child experiences these symptoms while at school, and it is determined that he or she is ill, staff will contact you or one of your emergency contacts to pick up your child immediately. While your child waits for you or your designate to arrive, he or she will be separated from the other children.

As a Parent/Guardian responsible for my child, I agree to the following:

- I have read and understood the above information.
- I understand the risk of illness associated with placing my child in the school.
- Neither my child, nor anyone in my child’s household, nor anyone with whom a member of my child’s household has been in close contact, has tested positive for COVID-19 in the last 10 days*. If a positive test for COVID-19 occurs after submitting this form, I will immediately exclude all of my children from school, and my children will not attend school until a minimum period of 10 days* has passed after the positive test results or the children receive a medical report that they can return to school.

Note 1: Close contact includes living with, providing care, or otherwise having close prolonged contact (within 2 meters) with another person.

** Note 2: The median incubation period of COVID-19 is 5 days. With the recommendation to not be tested until 4 or 5 days after symptoms appear or exposure is suspected, 10 subsequent days of isolation are advised, for a total of 14 days isolation.*

- Neither my child, nor anyone in my child’s household, nor anyone with whom a member of my child’s household has been in close contact, has traveled to or had a layover in any country outside Canada in the past 14 days. If such return from travel occurs after submitting this form, I will **immediately** exclude all of my children from school, and my children will not attend school until a minimum period of 14 days has passed after the date of return to Canada.
- I agree to the screening requirements and to accurately carry out the **daily screening** using the following link: <https://bit.ly/31FEF51> Misrepresentation regarding the information provided to school could result in exclusion of the child from school.
- Upon request by CCA, I consent to providing copies of my child’s COVID-19 test results.
- I will ensure the school has a reliable emergency contact on file at all times.
- This agreement remains in effect for the duration of the 2020-2021 school year.

Student Name	Birthdate	Student Name	Birthdate
1.		4.	
2.		5.	
3.		6.	

Name of Parent/Guardian (Please Print)

Date

Signature of Parent/Guardian

Name of Parent/Guardian (Please Print)

Date

Signature of Parent/Guardian