



Galesburg Community Unit School District #205 COVID-19 Procedure Agreement School Year 2020-2021

I, as the parent or legal guardian of a student(s) in Galesburg CUSD #205, understand the requirements and guidance set by Illinois Department of Public Health and Galesburg CUSD #205. I agree that I will do the following daily before sending my student to school;

1. Check my child(ren)'s temperature to ensure that it is not above 100.4 degrees.
2. Check for symptoms of illness prior to sending my child(ren) to school and school related activities. COVID-19 symptoms include;
 - Fever (100.4°F and above) or chills
 - New cough
 - Shortness of breath or difficulty breathing
 - Fatigue from unknown cause
 - Muscle or body aches
 - New onset of moderate to severe headache
 - New loss of taste or smell
 - Sore throat
 - New congestion or runny nose
 - Nausea, vomiting, or diarrhea
 - Abdominal pain from unknown cause
3. By sending my child(ren) to school and school related activities, I certify that they have not met any of the exclusion criteria as outlined in the Student & Staff Safety Protocol that is posted on the district website. I further understand and agree that it is my responsibility to check the district website for the most up-to-date information in the Student & Staff Safety Protocol.

If you have any questions for concerns regarding this agreement, please contact your student's building principal.