## COVID-19 Daily Health Screening Agreement for the 2020-2021 School Year

As the	e parent/guardian of	in the			
class,	e parent/guardian of (Student First and La: I agree to conduct a daily screening for my cl	st Name) (Current Grade)			
Guidelines outlined below. I understand that it is my responsibility to complete this every morning prior to sending my child to school. In accordance with the School's existing sick policies, I also agree to keep my child home if they have any of the symptoms listed in Section 1 on this agreement.					
			Printed Parent/Guardian Name & Relationship to Student		
			1111100	a rarenty data dan Name & Relationship to 5	reacht
Signature					
	Daily Health Screer	ning Guidelines			
Paren	ts: Please complete this short checklist each i	morning prior to arrival at King's Schools.			
SECTI	ON1: Symptoms				
If you	r child has any of the following symptoms, w	hich indicates a possible illness that may			
decre	ase the student's ability to learn and also put	them at risk for spreading illness to others,			
please	e keep them home.				
	Temperature of 100.4 degrees (38 Celsius) or higher				
	Sore throat				
	New, uncontrolled cough that causes difficu	,			
	allergy/asthmatic cough, look for changes i	n their baseline cough.			
	New onset of severe headache (especially v	with a fever)			
SECTI	ON 2: Close Contact/Potential Exposure				
-	If you answer YES to any questions in Section 1 <u>and</u> YES to any of the questions in Section 2, we				
	recommend you take your child to be assessed by a healthcare provider to determine if COVID				
	g is necessary. We also request that you imn	nediately inform the school of these			
condi	tions and the testing results.				
	Had close contact (within 6 feet of an infect	ted person for at least 15 minutes) with a			
_	person with confirmed COVID-19				
	Traveled to or lived in an area where the lo				
	department is reporting large numbers of C				
	Live in areas of high community transmission	an while the school remains onen			