Based on requirements and guidance issued by the N.C. Department of Health and Human Services and the N.C. Department of Public Instruction, all school systems must screen students for COVID-19 related symptoms prior to students entering school buildings or riding on school transportation. Because conducting symptom screenings at bus stops may create additional safety hazards for students, school systems are permitted to partner with parents/guardians to make sure all students are screened for COVID-19 related symptoms at home prior to going to the bus stop or riding on school transportation. **All students, whether riding school transportation or other transportation to school, are required to complete this form once each 9-week quarter during the 2020-21 school year. Students will still be screened upon arrival at school.**

**Directions:**

1. Complete this form in its entirety.
2. Take your student’s temperature and review all questions below **each morning** prior to sending your student to the bus stop and/or loading your child on school transportation or other transportation to school.
3. If your student 1) has a temperature of 99.9 or higher, 2) has any of the symptoms listed below in Question 3, or 3) answers yes to any of the questions below, your student should **NOT** come to or be at school and you should contact your school nurse for further instructions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Full Name:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Parent/Guardian’s Full Name:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |  | |
| 1. **Since the last time the student was at school, has the student been diagnosed with COVID-19?** | | | |
| * **No** – Proceed to the Next Question | | | |
| * **Yes** – Your student should NOT come to or be at school. A student diagnosed with COVID-19 based on a test, or symptoms should stay home until released by their local health department. | | | |
|  | |  | |
| 1. **Has the student had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has the health department or health care provider been in contact with the student and advised the student to quarantine?** | | | |
| * **No** – Proceed to the Next Questions | | | |
| * **Yes** – Your student should **NOT** come to or be at school. Contact your school nurse for further instructions. | | | |
|  | |  | |
| 1. **Does the student have any of the following symptoms? (Check all that apply).** | | | |
| * Fever of 99.9 or Higher | * Shortness of Breath or Difficulty Breathing | | * Chills |
| * Recent Loss of Taste | * Recent Loss of Smell | | * Cough |
| If your student has any of the above symptoms, your student should **NOT** come to or be at school. Contact your school nurse for further instructions. | | | |

If a health care provider does not feel that the student’s symptoms are associated with COVID-19, the student may return to school once they obtain a written note from a doctor/health care provider confirming that the student’s symptoms are not related to COVID-19.

All students will be screened upon arrival at school and during the day if the student shows any symptoms of COVID-19. If a student does show symptoms related to COVID-19 during the school day, the student’s parent(s)/guardian(s) will be contacted to pick the student immediately.

I attest that I will review these criteria and screen for COVID-19 related symptoms each day with my student to ensure that my student does not have any symptoms and that my student has not been diagnosed or knowingly come into close contact with someone diagnosed with COVID-19.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |