

Alden CSD Daily Home Health Screening Assurance

For each child who is attending school each day, please take a temperature and respond to the following questions:

1. Has this child had any symptoms associated with COVID-19 (according to the CDC guidance “Symptoms of Coronavirus”) including, but not limited to: fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste/smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?

If yes, your child must remain home. Call school to report the absence. Call your family physician.

2. Has this child received a positive COVID-19 test result in the past 14 days and/or is this child awaiting results of a COVID-19 test?

If yes, your child must remain home. Call school to report the absence. Call your family physician.

3. Has this child been in close contact with anyone known to have the COVID-19 infection within the last 14 days or awaiting results of a COVID-19 test or who has had symptoms of Covid-19 within the last 14 days (according to the CDC guidance “Symptoms of Coronavirus) including, but not limited to: fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste/smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?

If yes, your child must remain home. Call school to report the absence. Call your family physician.

4. Has your child traveled out of state to areas with required quarantine periods upon return to New York State?

If yes, your child must remain home. Call school to report the absence. Call your family physician.

5. Does this child have a measured temperature of 100 degrees or higher today?

If yes, your child must remain home. Call school to report the absence. Call your family physician

Note: By placing your child on the bus each day of attendance you are confirming that you have completed a Daily Home Health Screening and that your response to all of the above questions is “no.” If you are unable to complete a full screening at home, please contact your school nurse so arrangements can be made for a screening prior to your child’s entrance at school that day.

I have read the Alden CSD Daily Home Health Screening procedure and will follow this procedure every time my child attends school this year. I understand my failure to follow this procedure may put people’s health safety in jeopardy. Therefore, prior to placing my child on the bus or to bringing him/her to school, the answer to each question must be no.

Agreed and Accepted for child: _____ (print student’s name)

Parent/Guardian

Date

Parent/Guardian

Date