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| **Child and Family Health Screener**  **My child has tested positive for COVID 19?**  **YES**  **Your Child is Ready to Attend School Today!**  **Does your Child have a fever?**  **(Body Temp. Above 100.4 Fahrenheit or chills)**  **NO YES**  **Has your child come into contact with anyone who has tested positive with COVID 19?**  **NO YES**    **Does your child have more than one of these symptoms?**   * **Cough** * **Headache** * **Shortness of breath or difficulty breathing** * **Fatigue** * **Sore throat** * **Muscle or body aches** * **New loss of taste or smell** * **Nausea or vomiting** * **Diarrhea** * **Runny nose or Congestion (ONLY with other symptoms)**   **NO YES** | **Guidance**  **Notify your child’s teacher immediately, complete an at home test before arriving to school.**  **Does your child wear a mask? Yes, Test on Day 6**  **Does your child not wear a mask? - No- Test to Stay Days 1,6,9**  **Immediately Notify your child’s teacher, stay home and quarantine, Health will reach out with quarantine guidance**  **If your child has 2 of these symptoms, they MUST remain home. To return to school your child must have improved symptoms and be able to actively participate in the school day.**  **Children out for more than 3 days are required to return with a doctors note.**  **If your child has a fever of 100.4 or above, your child MUST stay home and be fever FREE for 24 hours without fever reducing medication in order to return to school.**  **If your child has a fever and symptoms such as**   * **Cough** * **Headache** * **Shortness of breath or difficulty breathing** * **Fatigue** * **Sore throat** * **Muscle or body aches** * **New loss of taste or smell** * **Nausea or vomiting** * **Diarrhea** * **Runny nose or Congestion (ONLY with other symptoms)**   **They must take an at home COVID test or reach out to your PCP for further guidance before returning to school** |

**COVID Parent Agreement**

**Parent Illness Agreement**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agree to complete the Child and Family Health Screener daily with my child before arriving to school.**

❏ I know I must pick up my child **within 15 minutes** if they become ill within the school day and cannot actively participate.

❏ I will follow the Child and Family Health Screener’s guidance if my child is sick and notify my child’s teacher as soon as possible.

❏ I will notify my childs teacher when my child has begun new medication, I know my child must remain home for 24 hours after starting new medication

❏ I will arrive at my child’s center at my scheduled time every day and understand that access to centers will be limited to a parent and child at drop off and pickup while maintaining 6 feet of distance from others while waiting in and outside of Promise Centers.

❏ I will update all emergency contact information if any has changed i.e. phone numbers, address and place of employment with staff. You will be asked daily for emergency phone contact information.

❏ I know that my child’s temperature will be taken by a classroom teacher 15 minutes after arrival.

❏ I am aware that my child will be offered a Test to Stay Option if they are exposed to COVID 19 to remain at school if they are unable to effectively mask. I agree to test my child on Days 1, 6, 9 of exposure (Day 1 is 24 hours after last contact with positive individual)

Childs Name: Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: Date

Staff Signature: Date