

Parent Daily Screening Tool

COVID-19 Screening for Parents

Every morning before you send your child to school please check for signs of illness:

<input type="checkbox"/>	 FEVER 100.4* OR CHILLS <small>*or school board policy if threshold is lower</small>	<input type="checkbox"/>	 SORE THROAT	<input type="checkbox"/>	 COUGH* OR SHORTNESS OF BREATH <small>*especially new onset, uncontrolled cough</small>
<input type="checkbox"/>	 DIARRHEA, NAUSEA OR VOMITING, ABDOMINAL PAIN	<input type="checkbox"/>	 HEADACHE* <small>*particularly new onset of severe headache, especially with fever</small>	<input type="checkbox"/>	 NEW LOSS OF TASTE OR SMELL

*May present with more than one symptom. This list does not include all possible symptoms.

- 1 Does your child have any sign of illness above?
 - 2 Was your child in close contact (within 6 feet for a total of 15 minutes over a 24-hour period) with anyone confirmed with COVID-19?
 - 3 If the answer is YES to any of the questions, DO NOT send your student to school. Instead, get your child tested for COVID-19 and isolate them until their test result is received.
 - 4 Please keep your student home until they meet the criteria to return to school.
-  If your child has trouble breathing, chest pain, new confusion, inability to wake or stay awake or bluish lips or face. **CALL 911!**



- Screening to occur daily prior to sending student on bus or dropping off at parent drop off
- When in doubt, do not send to school and seek testing or medical opinion