



Haslett Public Schools

COVID-19 School Health Screening Agreement

Instructions for Parents and/or Guardians:

For the health and safety of our students, Haslett Public Schools requires students to be screened for symptoms of COVID-19 before entering the school. We ask that you complete the steps of the student screening listed below, prior to sending your child to school, any school activities, and athletics. We ask that you complete the form below indicating your understanding and agreement to perform symptom screenings on your child.

By signing this form, I am committing to screening my child daily for the 2020-2021 school year, unless otherwise directed. I also understand that it is my responsibility to call Haslett Public Schools as soon as possible to let them know if my child is not going to school for potential COVID-19 symptoms.

I commit to screening my child, _____, for COVID-19 symptoms and exposure

Parents/Guardian(s) Name: _____

Address: _____

Phone Number: _____

Signature of Parent/Guardian(s): _____ Date _____



Haslett Public Schools

Student Screening

Before leaving for school, please make sure of the following screening. If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and put them at risk for spreading illness to others.

Symptoms

- Temperature 100.4 degrees Fahrenheit or higher
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Close Contact/Potential Exposure

In the past 14 days has your child:

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19;
- Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure of COVID-19;
- Had a travel history to an area of high transmission

If the answer is **YES** to any of the symptom questions, keep your child(ren) home from school.

If the answer is **YES** to any of the symptom questions and **YES** to any close/potential exposure question, call the school as soon as possible to let them know the reason your child(ren) won't be there today. Call your healthcare provider right away. If you don't have one or cannot be seen, go to www.mi.gov/coronavirustest or call 2-1-1 to find a location to have your child(ren) tested for COVID-19.

If the answer is **YES** to any of the symptom questions and **NO** to any close/potential exposure question, your student may return based on the guidance for their symptoms (see "[Managing Communicable Diseases in Schools](#)"):

- Fever: at least 24 hours have passed with no fever, without the use of fever-reducing medications
- Sore throat: improvement (if strep throat: do not return until at least 2 doses of antibiotic have been taken);
- Cough/shortness of breath:improvement
- Diarrhea, vomiting, abdominal pain: no diarrhea or vomiting for 24 hours
- Severe headache: improvement

Disclaimer: This screening tool is subject to change based on the latest information on COVID-19.

Source: Centers for Disease Control and Prevention: [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#)