



Heritage Christian School Board Policy	
Approval Date August 2020	Identification COV-4001
Last Review Date August 2020	Page 1 of 2
Next Review Date 2024/25	Policy Section COVID

PARENT/GUARDIAN DAILY SCREENING PROTOCOL

The health, safety and well-being of students and staff is a top priority as the School plans to reopen for the 2020/21 school year.

The School appreciates and requires your cooperation in reopening. The School is commencing reopening based on the assurance that all persons entering School premises have taken proper precautions to prevent the transmission of COVID-19. Indeed, the successful return to school and remaining open will require diligence by all parents, guardians, staff, and visitors.

The best understanding of the present evidence is that COVID-19 can be transmitted by persons who do not exhibit symptoms. There is no guarantee that COVID-19 will not be contracted by persons entering School premises.

We require that you screen your child prior to arrival at the School each day. Each family will be required to complete a daily health check-in using the school's health screening procedure [in development]. In addition to daily active screening, please note that all students will be monitored at School for possible signs or symptoms of illness. When a child is exhibiting symptoms, they will be removed from regular activities and parents will be required to pick them up from school. Please see 'Student Exclusion due to Illness' Policy.

As a Parent/Guardian, you must prevent the spread of illness by keeping your child home from School if you or your child experience any of the following signs or symptoms:

- Fever (temperature of 37.8°C or greater)
- Chills
- New or worsening cough
- Barking cough, making whistle noise when breathing
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Runny nose (not related to seasonal allergies or other known causes or conditions)
- Stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- Lost sense of taste or smell
- Pink eye (conjunctivitis)
- Headache that is unusual or long lasting
- Digestive issues, such as nausea/vomiting, diarrhea, stomach pain
- Muscle aches that are unusual or long lasting
- Extreme tiredness that is unusual (fatigue, lack of energy)
- Falling down often
- For young children, sluggishness or lack of appetite



If your child experiences these symptoms while at the School, and it is determined that he/she is ill, staff will contact you or one of your emergency contacts to pick up your child immediately. While your child waits for you or your designate to arrive, s/he will be separated from the other children.

As a Parent/Guardian responsible for my child, I agree to the following:

- I have read and understood the above information.
- I understand the risk of illness associated with placing my child in the School.
- Neither my child, nor anyone in my child’s household, nor anyone with whom a member of my child’s household has been in close contact, has tested positive for COVID-19 or had any of the symptoms in the last 14 days. If such symptoms or positive test for COVID-19 occur after submitting this form, I will immediately exclude all of my children from School, and my children will not attend the School until a minimum period of 14 days has passed after the positive test results or the children receive a medical report that they can return to School.
Note: close contact includes living with, providing care, or otherwise having close prolonged contact (within 2 meters) with another person.
- Neither my child, nor anyone in my child’s household, nor anyone with whom a member of my child’s household has been in close contact, has traveled to or had a layover in any country outside Canada in the past 14 days. If such return from travel occurs after submitting this form, I will immediately exclude all of my children from School, and my children will not attend the School until a minimum period of 14 days has passed after the date of return to Canada.
 - Exceptions will be made for those in situations of essential travel, and where regular screening has been undergone.
- I agree to the screening requirements and to accurately carry out the daily screening. Misrepresentation regarding the information provided to the School could result in exclusion of the child from the School.
- Upon request by the School, I consent to providing copies of my child’s COVID-19 test results to the School
- This agreement remains in effect for the duration of the 2020/21 school year.

Name of Student (Please Print)	Date of Birth (ex. Jan 20, 2008)	Name of Parent/Guardian (Please Print)
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