



# Health Screening Commitment Form

To protect our Spring-Mar families and staff, I commit to complete a daily health screening of my child using the Daily Health Screening Questionnaire and to not to send my child to school when he/she is sick or feeling unwell with the symptoms consistent with COVID-19. This commitment will apply to all children in my home who attend Spring-Mar Cooperative Preschool.

I agree to screen all Spring-Mar children in my home each day prior to sending him/her to school and agree to keep my child at home if he/she has:

- Feeling feverish and/or having chills (temperature/fever of 100.4°F or greater)
- A new cough, shortness of breath, or difficulty breathing not due to another health condition
- Fatigue (more tired than usual)
- Nasal congestion or runny nose
- Headache
- Sore throat
- New muscle pain or body aches not due to another health condition or that may have been caused by a specific activity such as physical exercise
- New loss of taste or smell, new onset of poor appetite or poor feeding
- Abdominal pain, diarrhea, nausea, vomiting

I understand that the Daily Health Screening Questionnaire may change over time as required by the Centers for Disease Control and Prevention (CDC) and that Spring-Mar Cooperative Preschool will update the health screening questions, as required. Spring-Mar Cooperative Preschool will communicate any necessary changes to me and I agree to continue daily health screenings based on the current requirements.

I agree not to send my child back to school if he/she has any of these signs of COVID-19 until:

- My child tested negative for COVID-19 and is otherwise well enough to go back to school **OR**
- A healthcare provider has seen my child and documented a reason for the symptoms other than COVID-19 **OR**
- All are true: 1) at least 10 days since the start of symptoms **AND** 2) fever free off anti-fever medicines for 24 hours **AND** 3) symptoms are improving

I agree not to send my child back to school if he/she is diagnosed or confirmed with COVID-19, until the following are met:

- It has been at least 10 days since my child first had symptoms **AND**
- My child has had no fever off anti-fever medicines (ex: Tylenol, Ibuprofen) for 24 hours **AND**
- My child's symptoms are improving

**I agree to take my child to a physician for evaluation and completion of the Permission to Return to School each time my child is sent home ill during the school day.**

If someone in my household has been diagnosed or confirmed with COVID-19, or my child is exposed, I agree to keep my child home for 14 days after their last exposure to the household member.

**\*Exposure is defined as 15 minutes of individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). A person with COVID-19 is considered contagious starting 2 days before they became sick, or 2 days before they tested positive if they never had symptoms.**

If someone in my household develops any of the above symptoms, I will get that person evaluated by a health care provider and/or tested for COVID-19. If that person tests positive or is diagnosed with COVID-19, I will keep my child home for 14 days after their last exposure to this household member **OR** as above if my child tests positive.

If I am co-oping or acting as the Cleaning Aide at Spring-Mar, I commit to complete a daily health screening of myself using the Daily Health Screening Questionnaire and to follow all guidelines listed above.

Child #1's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child #2's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_