

## **Parent/Guardian Health Screening Commitment Form**

To protect our children and staff, I commit to completing a daily health screening of my child(ren) and immediate household members using the COVID-19 Health Screening Questions. I agree not to send my child(ren) to Inquisiminds if any of my household members are feeling unwell with the symptoms consistent with COVID-19 as listed on the daily health screening.

The daily health screening commitment will apply to all children who are coming to Inquisiminds. I agree to screen all Inquisiminds' students and immediate household members prior to sending him/her to Inquisiminds and agree to keep my child and any other siblings also attending Inquisiminds at home if he/she has:

- **Is feeling feverish and/or having chills (if documented temperature/fever of 100.4F or greater)**
- **A new cough not due to another health condition**
- **Fatigue (more tired than usual)**
- **Nasal congestion or runny nose**
- **Headache**
- **A new sore throat not due to another health condition**
- **New chills not due to another health condition**
- **New muscle pain 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 COVID-19 Health Screening Questions may change over time as required by the Centers for Prevention and Disease Control (CDC) and that Inquisiminds will update the health screening questions as required. Inquisiminds 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 or other siblings also attending Inquisiminds if he/she has any of these signs of COVID-19 until:

- o My child tested negative for COVID-19 and is otherwise well enough to go back **OR**
- o A healthcare provider has seen my child and documented a reason for the symptoms other than COVID-19 **OR**
- o All are true: 1) at least 5 days since the start of symptoms AND 2) fever free off anti-fever medicines for 24 hours AND 3) symptoms are getting better AND 4) child will be masked for days 6-10.

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

- o It has been at least 5 days since my child first had symptoms AND
- o The student may return to Inquisiminds on days 6-10 but must be masked and only if the following criteria are met:
  - o Fever free for 24 hours (without the use of fever-reducing medication)
  - o Symptoms are improving
- If students do not want to wear a mask, they cannot attend Inquisiminds until a full 10 days have passed.

**I agree to test my child or take them to a physician for evaluation and completion of the Permission to Return to Inquisiminds 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 and all siblings at home for 5 days after their last exposure to the household member.

**\*Exposure is defined as 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 5 days after their last exposure to this household member OR as above if my child tests positive.

Child(s) name: \_\_\_\_\_

Parent/guardian name (printed): \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_