



Washington Township Public Schools

COVID-19 Parent Daily Screening Pledge for Students

Student Name: _____

School: _____ Grade: _____

Instructions: This form **MUST** be completed once **PRIOR** to attending school. Please be sure to fill out one form for each child in your family.

Section 1: COVID-19 Symptom Check

In order to attend in-person instruction (Cohort A, B, or C) at the Washington Township Public Schools and in an effort to keep staff and students safe, I pledge that I will check my child for the following symptoms every day **prior** to school for all hybrid instructional days whether at school or home. (If your child is participating in the full remote Cohort D, you do not have to complete the pledge unless you opt to move your child to a hybrid cohort). I understand any of the symptoms below could indicate COVID-19 infection and may put my child and others at risk for spreading illness.

Column A
Fever greater than 100
Chills
Rigors (shivers)
Myalgia (muscle aches)
Headache
Sore Throat
Nausea or Vomiting
Diarrhea
Fatigue
Congestion/runny nose

Column B
Cough
Shortness of Breath
Difficulty Breathing
New loss of smell
New loss of taste

If **TWO OR MORE of the symptoms in Column A** are present OR **AT LEAST ONE symptom in Column B** is present, I agree to keep my child home, and notify the school attendance secretary and school nurse. I will contact my healthcare provider for further direction.

If I am contacted by the school nurse that my child is ill, I agree to pick up my child within thirty minutes or arrange for one of my child's emergency contacts to do so on my behalf.

Section 2: Close Contact/Potential Exposure

Please verify if:

My child has had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19, within the past 14 days
Someone in my household is diagnosed with COVID –19, within the past 14 days
My child has traveled to an area of high community transmission, within the past 14 days

If **ANY of the above statements are true**, I will keep my child home for 14 days from the last date of exposure or travel. I will contact my child's school and healthcare provider or my local health department for further guidance.

Section 3: Masks

I also understand that my child is always required to wear a mask in a school building and on the bus. If my child refuses to wear a mask and does not have a medical exemption, I understand that my child must be kept home for remote instruction until such time that he/she will comply. I also understand that in the event it is determined that I am not checking my child daily for the symptoms above, my child must be kept home for remote instruction until such time that I will comply.

Parent Name (Print): _____

Parent Name (Signature): _____

Date: _____