



COVID-19 HEALTH SCREENING AND EMERGENCY CONTACT FORM

**COMPLETE AND SEND WITH CHILD ON FIRST DAY BACK TO SCHOOL
AND FIRST SCHOOL DAY OF EACH MONTH.**

Daily Health Screening for Students & Staff

Every student and staff member must undergo a daily health screening for COVID-19 symptoms before coming to school. If the answer is 'Yes' to ANY of the questions below, please stay home and seek medical attention:

- **Do you feel sick today? COVID-19 symptoms include:**
 - Fever of 100 degrees Fahrenheit (37.8 Celsius) or higher
 - Sore throat, congestion or runny nose
 - New onset or worsening of cough, shortness of breath or difficulty breathing
 - New loss of taste and or smell
 - Nausea, vomiting or diarrhea
 - Muscle pain, chills or extreme tiredness
 - New or severe headache
- **Are you waiting for a COVID-19 test result?**
- **Have you tested positive for COVID-19 or had recent close contact with a person diagnosed with COVID-19?**

I understand that it is my responsibility, as parent/guardian of _____ (student's name), to conduct the above health screening on a daily basis before sending my child to school. If the answer to any of the questions is YES, I will keep my child home. I have reviewed the BCPS COVID-19 safety practices with my child and agree that my child will follow these practices.

Signature of Parent/ Guardian: _____ **Date:** _____

Emergency Contacts

Students who develop symptoms of illness at school will be removed from the classroom and must be picked up immediately. Please indicate the best way to contact you and persons who could pick up your child if you are not immediately available.

Parent/Guardian 1 Name: _____ Contact Number(s): _____

Parent/Guardian 2 Name: _____ Contact Number(s): _____

Persons to whom student may be released other than parent:

Name: _____ Contact Number(s): _____

Name: _____ Contact Number(s): _____