



Parental Agreement for Daily Screening

Parent's Role in Keeping Our School/ Preschool Safe

Everyone has a role to play in keeping families safe and reduce the spread of COVID-19. It is the responsibility of parents and caregivers to assess their children on a daily basis before sending them to school/preschool. Additionally, parents must have a person available to pick up their child right away, should they become sick during the day.

Please read the following guidelines, then sign the agreement below. Further guidance is provided in our Policies and Procedures during Covid-19 Guide that is available on our website: www.greenbeltacademy.ca

Guidelines for determining whether a child should remain at home:

Parents and caregivers must assess their child daily for the following symptoms:

Group One Symptoms

Any child that has one symptom from group one is recommended to be assessed by a health care provider.

- Fever and / or chills - Temperature of 37.8 degrees Celsius / 100 degrees Fahrenheit or higher
- Cough or barking cough (croup) - Continuous, more than usual, making a whistling noise when breathing, not related to other known causes or conditions. For example, asthma, ongoing cough / wheezing after other symptoms of a cold / flu have gone away.
- Shortness of breath - Out of breath, unable to breathe deeply, not related to other known causes or conditions, such as asthma
- Decrease or loss of taste or smell - Not related to other known causes or conditions, such as allergies or neurological disorders

Group Two Symptoms

Any child that has one symptom from group two should stay home for 24 hours from when the symptom started. If the symptom is improving, the child may return to child care / school when they feel well enough to do so. A negative COVID-19 test is not required to return.

If the symptom persists or worsens, new symptoms develop, or the child has two or more symptoms from group two, contact your child's health care provider for further advice or assessment, including if your child needs a COVID-19 test or other treatment.

- Sore throat or difficulty swallowing - Painful swallowing, not related to other known causes or conditions, such as seasonal allergies or acid reflux
- Runny or stuffy / congested nose - Not related to other known causes or conditions, such as seasonal allergies or being outside in cold weather

- Headache that's unusual or long lasting - Not related to other known causes or conditions, such as tension-type headaches or chronic migraines
- Nausea, vomiting and / or diarrhea - Not related to other known causes or conditions, such as irritable bowel syndrome, anxiety in children
- Extreme tiredness that is unusual or muscle aches - Fatigue, lack of energy, poor feeding in infants, not related to other known causes or conditions. For example, depression, insomnia, thyroid dysfunction or sudden injury.

Other non-specific symptoms are:

- Conjunctivitis (pink eye)
- Rash
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Lost consciousness
- Unexplained abnormally rapid heart rate
- Chronic conditions getting worse

NOTE: parents can contact Niagara Region Public Health for general COVID-19 questions at 1-888-505-6074; 905-688-8248, press 7, then press 2.

All students that have travelled outside Canada in the last 14 days, OR were identified by Public Health as a close contact of someone who tested positive for COVID-19 must stay home and self-isolate.

Those unsure of if they, or a student, should self-isolate should be directed to use the Ontario Self-Assessment site.

Parental Agreement

Thank you for your cooperation as we work together to keep everyone safe. Please indicate that you have read and understood the above guidelines by completing the form below. This form must be returned immediately.

I have read the above guidelines and agree to assess my child(ren) daily and not send them to school if they are displaying any symptoms listed above.

I will ensure that myself or an authorized person is available to pick up my child(ren) immediately should they become symptomatic while at school/preschool.

Names of children:

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date: _____

Personal information and personal health information on this form is collected, used and disclosed in accordance with the Education Act, R.S.O. 1990, c.E.2, as amended, the Municipal Freedom of Information and Protection of Privacy Act, R.S.O 1990,c.M. 56, as amended and the Personal Health Information Protection Act, 2004, c.3 Sched. A., as amended and will be used for the purpose of compliance with Public Health protocols and any similar or related purpose(s).

