



PARENTS/GUARDIANS COVID-19 ALERT

BEFORE YOU ENTER THE SCHOOL

You are required to screen your child for COVID-19 symptoms before school each day.

Does your child have any of the following:



FEVER



COUGH



**DIFFICULTY
BREATHING**



**SORE THROAT,
TROUBLE
SWALLOWING**



RUNNY NOSE



**LOSS OF TASTE
OR SMELL**



**NOT FEELING
WELL**



**NAUSEA,
VOMITING,
DIARRHEA**



Has anyone in your home been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?



Has anyone in your home returned from travel outside Canada in the past 14 days?

If you answered YES to any of these questions, your child (and any siblings) must go home & self-isolate right away. Please call Telehealth or your health care provider to find out if you need a test.



COVID-19 SCREENING PASSPORT

Parent to complete each day and send along with child to school

STUDENT NAME: _____

My child has none of the symptoms or risk factors listed below.



FEVER



COUGH



DIFFICULTY BREATHING



SORE THROAT, TROUBLE SWALLOWING



RUNNY NOSE



LOSS OF TASTE OR SMELL



NOT FEELING WELL



NAUSEA, VOMITING, DIARRHEA

- *Has anyone in your home been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?*
- *Has anyone in your home returned from travel outside Canada in the past 14 days?*

If you answered YES to any of these questions, your child (and any siblings) must go home & self-isolate right away. Please call Telehealth or your health care provider to find out if you need a test.

DATE: _____ PARENT SIGNATURE: _____

DATE: _____ PARENT SIGNATURE: _____

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DATE: _____ PARENT SIGNATURE: _____