

## COVID-19 School Health Screening Agreement

### Instructions for Parents and/or Guardians

For the health and safety of our students, the local public health department requires students be screened for symptoms of COVID-19 before entering the school. Due to the time and interruption to education doing this on site prior to school entry this would cause, the health department and the CDC do not recommend these screenings be done by the schools.

We ask that you complete the steps of the student screening below, prior to sending your child to school or any school activities or sports. We ask that you complete the form below indicating your understanding and agreement to perform symptom screenings on your child.

By signing this form, I am committing to screening my child daily for the 2020-2021 school year, unless otherwise directed. I also understand that it is my responsibility to call Hastings High School (269-948-4409) as soon as possible to let them know if my child is not going to school for potential COVID-19 symptoms.

I commit to screening my child \_\_\_\_\_ for COVID-19 symptoms and exposure.

Parent(s)/ Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_