

PARENT/GUARDIAN SCREENING AGREEMENT AND DECLARATION

The health, safety and well-being of students and staff is a top priority as Bayview Glen (the “School”) operates during the 2020/21 school year.

The School appreciates and requires your cooperation to keep the School community safe. The School is operating based on the assurance that all persons entering School premises have taken proper precautions to prevent the transmission of COVID-19.

As you are aware, COVID-19 can be transmitted by persons who do not exhibit symptoms. There is no guarantee that COVID-19 will not be contracted by persons entering School premises.

As a Parent/Guardian, you must do your part to prevent the spread of illness. The Ministry of Health and the Ministry of Education require that you screen your child **daily prior to arrival** at the School. In addition to daily active screening, please note that all students will be monitored at School for possible signs or symptoms of illness.

DECLARATION:

As a Parent/Guardian responsible for my child, I agree to the following:

1. My child has not experienced any of the following new or worsening symptoms in the past 14 days. If my child experiences **any one** of the following signs or symptoms that are new, worsening, and not related to other known causes or medical conditions (e.g. related to seasonal allergies or pre-existing medical conditions), I will **immediately** notify the School and my child will isolate and either get tested for COVID-19, consult a health care provider, or both.
 - Fever (temperature of 37.8°C or greater)
 - Chills
 - Cough, barking cough, or making whistle noise when breathing
 - Shortness of breath (out of breath, unable to breathe deeply)
 - Decrease or loss of smell or taste
 - Sore throat or difficulty swallowing
 - Runny nose (not related to seasonal allergies or other known causes or conditions)
 - Stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)

- Headache that is unusual or long lasting
 - Nausea, vomiting, and/or diarrhea
 - Extreme muscle aches that are unusual or long lasting
 - Extreme tiredness that is unusual (fatigue, lack of energy)
2. No other sibling in my child's household has any of the above symptoms. If any sibling in my child's household develops any of the above symptoms, I will **immediately** notify the School and my child will isolate until their sibling tests negative for COVID-19, until 14 days have passed, or as otherwise directed by public health.
 3. I understand that, if my child or their sibling experiences any of the above symptoms while at the School, staff will contact me or my emergency contact to pick up my child(ren) **immediately**. I understand that, while my child(ren) wait for me or my designate to arrive, they will be separated from the other children at the School.
 4. My child has not traveled to or had a layover in any country outside Canada in the past 14 days. If such return from travel occurs after submitting this form, I will **immediately** contact the School, and my child will not attend the School until a minimum period of 14 days has passed after the date of return to Canada.
 5. In the last 14 days, no public health unit identified my child as a close contact of someone who currently has COVID-19. If such notification occurs after submitting this form, I will **immediately** contact the School, and my child will not attend the School until a minimum period of 14 days has passed.

Note: Close contact includes living with, providing care, or otherwise having close prolonged contact (within 2 meters) with another person.

6. In the last 14 days, my child has not received a COVID Alert exposure notification on their cell phone. If such notification occurs after submitting this form, I will **immediately** contact the School, and my child will not attend the School until obtaining a negative COVID-19 test or until a minimum period of 14 days has passed.
7. No doctor, health care provider, or public health unit told me or my child that my child should currently be isolating (staying at home). If such notification occurs after submitting this form, I will **immediately** contact the School, and my child will not attend the School until they are cleared for return by local public health.
8. I understand and agree that, if one of my children is required to stay home from School due to one of the reasons listed above, my other children may also be required to stay home from School. I agree to cooperate with the School policy and local public health guidance in this regard.
9. I agree to the screening requirements and to accurately carry out the daily screening. Misrepresentation regarding the information provided to the School could result in exclusion of the child from the School.

10. Upon request by the School, I consent to providing copies of my child's COVID-19 test results to the School.
11. This agreement remains in effect for the duration of the 2020/21 school year.
12. I have read and understood the above information. I understand that this protocol may be altered from time to time in accordance with Ontario government and local public health advice
13. I understand the risk of illness associated with placing my child in the School.

Name of Student
(Please Print)

Date of Birth

Name of Parent/Guardian
(Please Print)

Date

Signature of Parent or Guardian

Name of Parent/Guardian
(Please Print)

Date

Signature of Parent or Guardian