## Lenawee Intermediate School District COVID-19 Student Daily Screening Agreement 2020-2021 School Year



In an effort to prevent the spread of COVID-19, parents/guardians of LISD students and LISD students who are developmentally able must perform the following COVID-19 screening protocols each day before coming to school during the 2020-2021 school year.

- 1. The student's temperature must be taken. If the student has a temperature of 100.4 degrees or higher, the student must be kept from home from school.
- 2. The student should be asked and/or the parent/guardian should observe if the student has any of the following symptoms:

One or more of the following: new onset of cough (for students with chronic allergic/asthmatic cough, a change in their cough from baseline), shortness of breath or difficulty breathing, fever of 100.4 degrees or higher, or new loss of taste or smell

<u>Two or more</u> of the following: chills or shivering, fatigue, abdominal pain, muscle aches, headache, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea

Individuals may also use the COVID-19 symptoms tracker available at <a href="https://misymptomapp.state.mi.us/login">https://misymptomapp.state.mi.us/login</a>

- 3. The student should be asked and/or the parent/guardian should observe whether or not the student has been in close contact (within six feet) for at least 15 minutes or more with a person who has tested positive or is probable for COVID-19.
- 4. If the student has undergone COVID-19 testing, the student must remain home from school until a negative test result is received, in which case the student may return to school if his/her signs or symptoms of illness have improved. If the student was in close contact with a COVID-19 positive or probable person, the student must quarantine at home for 10 days from the last time that the student was in close contact with the COVID-19 positive person. This does not apply if the COVID-19 testing was performed as part of routine/regular testing for the student's job or for another reason, provided that the student does not have any signs or symptoms of COVID-19 and that the student has not been in close contact with a COVID-19 positive person.

As the parent/guardian of the above-named student (or, if the student is 18 years of age or older, the student), I agree to screen my student for COVID-19 on a daily basis in accordance with the four-step process described above, which was adopted by the LISD in conjunction with the Lenawee County Health Department to help prevent the spread of COVID-19. I further agree that I will not send my student to school if any of the following conditions are present:

- 1. The student has any of the symptoms of COVID-19 One or more of the following: new or worsening cough (excluding chronic cough due to a known medical reason or allergies), shortness of breath or difficulty breathing, fever of 100.4 degrees or higher, or new loss of taste or smell **or** two or more of the following: chills or shivering, fatigue, abdominal pain, muscle aches, headache, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea.
- 2. The student has been in close contact with someone who has tested positive or is probable for COVID-19 within the past 10 days, unless the student is fully vaccinated from COVID-19.
- 3. The student has been tested for COVID-19, but has not yet received a negative test result, unless the testing is part of routine/regular testing for your job or for another reason, provided that the student does not have any signs or symptoms of COVID-19 and that the student has not been in close contact with a COVID-19 positive or probable person.

I also agree that I will contact the LISD as soon as possible if my child will not be attending school for any of the reasons described above and will share that reason with the LISD.

Parent/Guardian\* Signature:

Date:

\*If the LISD student is 18 years of age or older, the LISD student may sign this agreement on behalf of him/herself.