

# Hudson Area Schools

## COVID-19 School Health Screening Agreement

**\* Return this form to your student's building office by Monday, August 31.\***

### Instructions for Parents and/or Guardians

For the health and safety of our students, the local public health department requires students be screened daily for symptoms of COVID-19 and potential exposure to COVID-19, before entering the school.

We ask that you complete the student screening on the next page, which includes a temperature check, prior to sending your child to school every day, or to 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 [*THE SCHOOL*] as soon as possible to let them know if my child is not going to school due to potential COVID-19 symptoms.

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

In addition, I permit Hudson Area Schools to complete a daily temperature check.

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

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

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

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

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

Hudson Area Schools is committed to providing a safe environment for all students and staff. This includes assuring that each student is screened daily prior to entering the school. The school also commits to social distancing, mask wearing, regular disinfection, promotion of personal hygiene, and other activities recommended by the health department.