



**Harbor Springs
Public Schools**

Excellence in Character
Excellence in Education

**Harbor Springs Public Schools
School Health Screening Agreement
2021-22 School Year**

Please complete one form for each child in your family and return to school by September 7, 2021

For the health and safety of our students, we are asking parents/guardians to commit to daily health screening of their students at home prior to coming to school on a daily basis. We ask that you complete the steps of the student screening below daily, prior to sending your child to school or any school activities or sports. Please complete the form below indicating your agreement to perform symptom screenings on your child.

Before leaving for school, please conduct the following screening. Your child having any of the symptoms indicates a possible illness that may decrease the student's ability to learn and put them at risk for spreading illness to others. Children should stay home, or be sent home, if they are experiencing any of the following symptoms not related to other known or diagnosed medical conditions:

- Fever of 100.4 degrees or above or signs of fever (chills/sweating)
- Vomiting, diarrhea, or abdominal pain
- Sore throat
- New uncontrolled cough
- New onset of severe headache
- Difficulty breathing (for students with asthma, a change from their baseline breathing)

Children should also stay home if they:

- Are in quarantine due to exposure to an individual with a confirmed case of COVID-19 or
- Have other signs of illness described in a provider's sick policy.

I commit to screening my child, _____, for the above symptoms and exposure.

Name of School: _____

Grade Level: _____

Parent(s)/ Guardian(s) Name: _____

Address: _____

Phone Number: _____

Parent or Guardian Signature: _____ *Date:* _____