



QUEEN OF THE MIRACULOUS MEDAL ELEMENTARY SCHOOL

811 South Wisner Street Jackson, Michigan 49203

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www.jcsqueens.org

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 asks that students be screened for symptoms of COVID-19 before entering the school.

We ask that you screen your child for the following symptoms prior to coming to school each day, any school activities, or sports.

Symptoms

- Temperature 100.4 degrees Fahrenheit
- Sore throat
- New uncontrolled cough that causes difficulty breathing
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

By signing this form, I am agreeing to screen my child for symptoms of COVID-19 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 for potential COVID-19 symptoms.

My signature also acknowledges that Queen's School specials' teachers are contracted with Jackson Public Schools and this district requires parental consent for teachers to use virtual education programming if the school campus is closed.

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

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

Parent or Guardian Signature: _____

Date: _____