

**THIS FORM MUST BE SIGNED AND RETURNED BEFORE YOUR CHILD
CAN RETURN ON CAMPUS THIS SCHOOL YEAR**

ST. FRANCIS XAVIER'S COVID-19 FAMILY HEALTH COMMITMENT 2020-2021

It has always been our policy at St. Francis Xavier School (SFX) that parents should not send their child to school if he or she is sick. As we are faced with life during a pandemic, each family commits to the following additional practices to promote health, wellness, and safety.

Symptoms of COVID-19: The symptoms of COVID-19 include, but are not limited to: fever, chills, headache, sore throat, cough, shortness of breath, difficulty breathing, unusual fatigue, body/muscle aches, loss of taste/smell, congestion, runny nose, nausea, vomiting and diarrhea.

My signature below indicates that my family agrees to the following additional health expectations to ensure the well-being our school community.

Daily Temperature Checks/Reporting of Symptoms

1. I will take my child's temperature at home each morning before school. By bringing my child to school, I am certifying that my child's temperature was below 100.4°F when it was taken and that my child had no other symptoms of COVID-19 listed above.
2. I agree that, if my child has a fever in the morning, I will not administer fever/pain reducing medication to temporarily lower the fever so my child can attend school.
3. I agree to complete a wellness survey for my child through Parent Locker on each school day that my child will attend school.

Display of Symptoms or Positive COVID-19 Test

4. If my child becomes sick during the school day, I will pick up my child within 30 minutes of being contacted.
5. If my child displays symptoms of COVID-19, I am encouraged to contact my child's physician and have my child tested for COVID-19. If my child tests negative, my child may return to school, but I must provide SBS with a doctor's note clearing my child to return to school AND proof of a negative COVID-19 test. If my child is not tested, he/she will not return to school until ALL of the following are met: (1) Fever free for 24 hours without fever reducing medications; (2) Symptoms have completely subsided; (3) Ten days have passed since initial symptoms occurred; (4) I provide SFX with a doctor's note clearing my child to return to school. The child may not re-enter the classroom until the doctor's note is received in the School Office.
6. If my child tests positive for COVID-19, he/she will not return to school until ALL of the following conditions are met: (1) Fever free for 24 hours without fever reducing medications, (2) Symptoms have completely subsided (3) Ten days since diagnosis (4) I provide SFX with a

doctor's note clearing my child to return to school. The child **THIS FORM MUST BE SIGNED AND RETURNED BEFORE YOUR CHILD CAN RETURN ON CAMPUS THIS SCHOOL YEAR** may not re-enter the classroom until the doctor's note is received in the School Office.

7. My child will not attend school if he/she exhibits difficulty breathing or is receiving repeated breathing treatments (nebulizers, inhalers) during the day. This does not include inhalers used for exercise-induced asthma. I understand that difficulty breathing can be a serious COVID-19 symptom.

8. My child will be free from vomiting, diarrhea, abdominal pain and upset stomach 24 hours before returning to school.

9. Because various symptoms can mimic COVID-19, I agree to err on the side of caution and not send my child to school if he/she is experiencing multiple minor symptoms including sneezing, scratchy throat, headache, runny nose, irritated or red eyes, itching or rash.

Exposures to COVID-19

10. My child will not attend school if he/she has been exposed (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19. I will contact my physician, and I am encouraged to have my child tested for COVID-19.

11. I will make myself aware of any quarantine or other COVID-19 requirements that may be in place anywhere my child travels, and I agree to follow these requirements.

Parents will provide doctors' notes and proof of test results to the school secretary. For any other questions or issues contact the school office.

My signature below indicates that my family agrees to the following additional health expectations to ensure the well-being our school community.

Student Name: _____ (print)

Name of Parent or Guardian: _____ (print)

Signature of Parent or Guardian: _____

DATE