



Farmington Daily Health Screening Agreement

Parents/Guardians will be required to conduct a daily health screening before sending their child to school.

Students and Staff should **remain at home** if they have:

any of the following More Common Symptoms of COVID-19:

- Fever of 100 or higher (daily home temperature check required)
* Without the use of fever reducing medications
- New onset or worsening cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell

Or if they have **any two or more** of the Less Common Symptoms of COVID-19

- Muscle or body aches
- Sore Throat
- Nausea, vomiting or diarrhea
- Excessive fatigue
- New onset of severe headache
- New onset nasal congestion or runny nose

*By sending your child to school, you are affirming that your child does not have **any** of the above **more common symptoms** and does not have **two or more** of the **less common symptoms**.

If your student has **one less common symptom** you have evaluated and determined your child is well enough to attend school you may be contacted to pick the child up if their condition changes or the health office staff determine they are too ill to be in school.

All families will be required to sign this document, pledging to strictly follow the daily health screening and only sending their child/ren when the above criteria are met.

I understand the district health screening protocol and pledge that I will be following the required daily health screening.

Signature: _____ Date: _____

Child's Name: _____

If you have specific questions about this screening, please contact your building nurse.