

## STUDENT HEALTH COMMITMENT – St. Ann’s Catholic School

I/We \_\_\_\_\_ parent(s)/guardian(s) of \_\_\_\_\_ do commit to assessing our child(ren)’s health each day before bringing our child/children to school. This assessment will include checking to ensure a temperature not more than 37.5 degrees celsius, checking for cough, sneezing, sniffles, unusual fatigue or other symptoms of illness. We commit to not send our child/children to school if my/our child exhibits a fever, cough, sneezing, sniffles, unusual fatigue or other symptoms of illness, or if any member of my/our household exhibits a fever, cough, sneezing, sniffles, unusual fatigue or other symptoms of illness that are not a pre-existing condition diagnosed with a treatment plan by my health care provider (ex., allergies, asthma).

I/We acknowledge that such an assessment is a commitment by me/us to do my/our part to ensure the health and safety of all members of the school community.

I/We acknowledge that a failure to conduct such an assessment may result in my/our child/children being refused entry to the school on that day.

I/We acknowledge that by sending my/our child/children to school, I/We are confirming that neither my/our child/children nor anyone in my/our household has:

- a. had any symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease in the last 14 days including fever, chills, new or worsening cough, shortness of breath, sore throat, new muscle aches, runny noses, loss of sense or smell or taste, fatigue, diarrhea, loss of appetite, nausea, vomiting, and/or headache, or any additional or alternate symptoms as may be updated by the BC Centre for Disease Control from time to time<sup>1</sup>;
- b. been directed by Public Health or a health care provider to self-isolate;
- c. arrived from outside of Canada in the last 14 days; and,
- d. been in contact with a confirmed COVID-19 case or respiratory symptoms within the past 14 days.

I have retained a copy of this Form for my personal records.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

<sup>1</sup> <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>