

OAKLANDS SCHOOL

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Parent Daily Health Check Agreement

Dear Parent Guardians and Caregivers,

September 7th, 2020

The BC Centre for Disease Control and the Ministry of Health have created a document called COVID-19 Public Health Guidance for K-12 School Settings. Staff in schools have been using this information to help us plan the safe reopening of schools this month.

The document contains information regarding personal measures we all must take in order to reduce the transmission of COVID-19 in schools. Page 11 of the document outlines personal measures that you as parents and caregivers should follow to help us control exposure and prevent infection. “Parents and caregivers must assess their child daily for symptoms of the common cold, influenza, COVID -19, or other respiratory disease before sending them to school. If a child has any symptoms, they must not go to school.”

As a staff, we are conducting the same daily health check on ourselves to help keep your children safe. All of us must consider the symptoms of illness, our recent travel experiences and any potential or confirmed contact with a person identified as having COVID-19.

As part of your daily health check and that of your child(ren) please ask yourself the following:

1. Do I see any signs of:

- Fever
- Chills
- Cough or worsening of a chronic cough
- Shortness of breath
- Runny nose
- Loss of smell or taste
- Headache
- Fatigue
- Diarrhea
- Loss of appetite
- Nausea and vomiting
- Muscle aches
- Conjunctivitis (pink eye)
- Dizziness and confusion
- Abdominal pain
- Skin rashes or discoloration of finger and toes

2. Has *anyone in the household* returned from travel outside of Canada in the last 14 days?
3. Has *anyone in the household* had contact with a person confirmed to have COVID-19?

If you answered “**YES**” to any of the questions and symptoms are not related to a pre-existing condition (e.g. allergies) your child should **NOT** come to school.

If you or your child(ren) is experiencing any symptoms of illness, please contact a health-care providers for further assessment. This includes 8-1-1, or a primary care provider like a physician or nurse practitioner. If you answered “**YES**” to questions 2 or 3 use the COVID -19 Self-Assessment Tool that is available on the BCCDC website to determine if you should be tested for COVID-19.

I acknowledge that I have read and understood the above health check and agree to abide by it.

Child’s name: _____

Parent’s name: _____

Parent Signature: _____

Please return agreement to Oaklands by Monday Sept. 14th 2020