

COVID-19 SCHOOL HEALTH SCREENING AGREEMENT

Instructions for Parents and/or Guardians

For the health and safety of our students, Oakland County Health Division (OCHD) requires students be screened for symptoms of COVID-19 before getting on a bus or entering school. The Centers for Disease Control and Prevention (CDC) do not recommend screenings be done by the schools in consideration of time and interruption to education. Schools may conduct additional in school screening if cases have been identified in the school or prior to after school activities.



Complete the information below prior to sending your child to school. By doing so, you indicate your understanding and agreement to perform daily symptom screenings on your child.

By signing this form, I am committing to screening my child daily for the 2020-2021 school year, unless otherwise directed. I also understand that it is my responsibility to call the school immediately if my child is not going to school for potential COVID-19 symptoms.

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

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

Address: _____ Phone Number: _____

_____ Date: _____

School Name: _____

Parent or Guardian Signature: _____