

STUDENT HEALTH COMMITMENT – Sacred Heart Catholic School

I/We _____ parent(s)/guardian(s) of _____ do commit to assessing my/our child's health each day before bringing my/our child to school. This daily assessment will include checking to ensure a temperature not more than 37.5 degrees Celsius and checking for symptoms of illness. We commit to not send my/our child to school if my/our child exhibits a fever, chills, cough/worsening of chronic cough, shortness of breath, loss of sense of smell/taste, diarrhea, nausea and vomiting, or other symptoms of illness that are not a pre-existing condition diagnosed with a treatment plan by our 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 being refused entry to the school on that day.

I/We acknowledge that by sending my/our child to school, I/We are confirming that my/our child does not and/or has not had any symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease including fever, chills, cough/worsening of chronic cough, shortness of breath, loss of sense of smell/taste, diarrhea, nausea and vomiting or other symptoms of illness (excluding chronic symptoms that may have surpassed the period of contagion as determined by a health care provider), and/or as may be updated by the BC Centre for Disease Control from time to time¹.

Please note that subject to any public health guidelines or direction of the public health authority, and subject to what is set out below, household members who have not been diagnosed with any illness and who are free of symptoms of any illness may attend school.

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

- a. has been directed by Public Health or a health care provider to self-isolate;
- b. has arrived from outside of Canada in the last 14 days; and,
- c. is a 'close contact' of a confirmed COVID-19 case within the past 14 days.

Should anyone in our household become ill, we commit to follow the BC CDC guidelines for [isolation when ill](#)² and/or [caregiving for the ill](#)³.

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

Dated this _____ day of _____, 2020.

Signature

Signature

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

² <http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation.pdf>

³ http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_caregivers.pdf