



COVID-19

Please screen your child (Part A and Part B) every day before sending your child to school, and initial the accompanying attestation form to confirm the screening has been completed.

Updated October 2, 2020

Part A

1. Does your child have any of the following without underlying cause?

Fever and/or chills	Cough
Shortness of Breath	Decrease or loss of smell or taste
2. Have you travelled outside of Canada in the past 14 days?
3. Has your child been identified as a close contact of someone who is confirmed as having COVID-19 by your local public health unit?
4. Has your child been directed by a health care provider including a public health official to self isolate?

If you answered **yes** to any of the above: **Your child should stay home to isolate immediately. Please contact your health care provider.**

Part B

1. Does your child have any of the following new or worsening symptoms?

Sore throat	Stuffy/Runny nose
Headache	Nausea/Vomiting/Diarrhea
Fatigue, muscle aches, lethargy (general feeling of being unwell)	

If your child has **ONE** symptom listed in Part B: **Your child should stay home for 24 hours.** If the symptom has improved your child may return to school when they feel well enough to do so. If the symptom persists or is worsening please contact your health care provider.

If you child has to **TWO or more** symptoms listed in Part B: **Your child should stay home to isolate immediately. Please contact your health care provider.**

If your child is away for any reason please call Melissa in the office: 416-753-6090