

**PARENT AND/OR GUARDIAN ACKNOWLEDGEMENT OF DAILY COVID-19  
SCREENING FOR STUDENTS**

In accordance with new policies and procedures enacted due to the COVID-19 Pandemic, Parents and/or Guardians will need to complete a daily home screening of each student attending North Providence Public Schools prior to departing the home for school. The obligation to conduct daily screenings continues until such time that school department policy changes. If the student fails the screening, by screening positive for any COVID-19 symptoms or risk factors or failing to adequately complete the screening tool, the student will not be permitted to attend school that day and the student’s parent and or guardian should seek medical advice from the student’s healthcare provider and inform the school of the student’s absence.

The attached COVID-19 Screening Tool reflects the type of symptoms and risk factors parents or guardians will be required to disclose on a daily basis in order to permit their student(s) to attend school in person.

Any student who screens positive for any COVID-19 symptom or risk factors may not return to school until one of the following is true:

- the student’s medical provider has determined the student is suffering from an illness other than COVID-19 and has cleared the student to return; **or**
- there is at least a minimum of 10 days from the first clinical diagnosis symptom **and** the student is at least 24 hours free of any fever **without** the use of any fever-reducing medication **while** symptoms are improving.

The screening self-attestation form will be provided to each parent/guardian as a physical document or, if the parent/guardian chooses, may utilize a smartphone application as directed by the School Department to complete the daily screening. The School Department is using its Skyward system to collect daily responses. Data will be maintained by the School Department and remain confidential, adhering to FERPA and HIPPA laws.

**SECTION A: Parent(s) or Guardian name**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

**SECTION B: Students who the above Parent(s) or Guardian will be responsible for daily screening for COVID-19 symptom or risk factors**

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Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

**SECTION C: General Attestation**

I certify that I have read the above information and fully understand my responsibility as a parent or guardian of the above named students, that I will be responsible for his/her/their daily COVID-19 screening, and that I will abide by North Providence school policy as it relates to COVID-19 daily screening and reporting procedures.

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Name (Print)

\_\_\_\_\_

Name (Print)

\_\_\_\_\_

Name (Signature)

\_\_\_\_\_

Name (Signature)

\_\_\_\_\_

Date

\_\_\_\_\_

Date

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Phone Number