



Winter 2021

Parents and/or Guardians,

Please review the following information regarding the procedures SKSD is following in order to help contribute to the overall health and well-being of our students and staff during the COVID-19 pandemic. We appreciate your help in this effort.

If your student or anyone in your household has any of the following symptoms, please keep your children home and call their schools:

- | | |
|---|--------------------------------------|
| Fever (100.4 or higher) or chills | Recent loss of taste or smell |
| Cough | Sore throat |
| Fatigue | Congestion/Runny nose |
| Muscle or body aches | Nausea or vomiting |
| Headache | Diarrhea |
| Shortness of breath/difficulty breathing | |

Reference the attached Student Symptom Flow Chart as a guide when determining the duration your students will need to stay home and when to seek testing. When a symptomatic individual is being tested, a negative PCR result is necessary. Per the guidance of the Kitsap Public Health District, a negative rapid (antigen) test is not adequate. If a health care practitioner provides an alternative diagnosis to COVID-19, unconfirmed acute illnesses such as viral upper respiratory illness (URI) or viral gastroenteritis, will not suffice. Examples of acceptable alternative diagnosis may include childhood rash illness, ear infection or a lab confirmed diagnosis such as strep throat or influenza.

In addition to monitoring your students' symptoms, each student will need an attestation/wellness screening completed each school day before riding the bus or coming on campus. This screening can be completed using Skyward or the paper version. When developmentally appropriate, middle school and high school students may attest for themselves unless their parent/guardian have opted them out of this ability.

Whenever a student begins to exhibit any of the symptoms above while at school, they will be moved to a separate, staffed waiting area, and **Parents/Guardians will be called and will need to pick up the student within 30 minutes.**

If you have any questions, please contact the school office or building nurse.

Thank you,

SKSD Health Services Department

****Please complete the bottom section and return to school IMMEDIATELY****

I have read the above information and understand the guidelines of when to keep my student home and the criteria for returning to school. I also acknowledge that my student will need a daily attestation/wellness check completed each school day. I understand that I will need to pick up my student within **30 minutes** if they become ill while at school.

Student Name (print) _____

Parent Name (print) _____

Parent Signature _____ Date _____

Parent Phone #1 _____ Parent Phone #2 _____

List **LOCAL** contacts the school should call if we are unable to get a hold of a parent/guardian.

Name _____ Phone # _____ Name _____ Phone # _____