

Dear Carmel Community,

As we continue to adapt to the COVID-19 pandemic, the health and safety of our school district community remains our top priority.

To ensure the health and safety of our school district community, it is paramount that authorized personnel at Carmel CSD receive the most accurate health-related information. This school year we are asking that in lieu of a daily screener, parents complete and return this form indicating their agreement with the District's COVID-19 health protocols, and parent/guardian responsibilities.

In order to facilitate this process, we kindly ask for you to review and agree to the following protocols in relation to your child experiencing symptoms of COVID-19, or for having exposure to individuals with COVID-19 for the duration of the 2021-2022 school year.

- 1. If at any time your child experiences any symptoms of COVID-19 (listed below), which are not related to a pre-existing health condition, including a temperature of greater than 100.0 F, you agree to keep your child home from school and immediately report the information to the school nurse.
 - Fever or Chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat





- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- 2. If your child is knowingly in close contact with anyone who has tested positive through a diagnostic test for COVID-19, or who has or had symptoms of COVID-19 you agree to keep your child home and notify the school nurse immediately.
- 3. If at any time your child tests positive through a diagnostic test for COVID-19, you agree to keep your child home and notify the school nurse immediately.

After you report your child's absence to the school nurse, the COVID-19 Coordinator will follow up with you to discuss the steps necessary for the safe return of your child to school. Please note that the daily health screener may need to be implemented at a later time, and if so, additional communications will be shared with parents/guardians.

Please detach and return the bottom portion of this form to your building principal.

I agree to following the above health protocols for the 2021-2022 school year.	

Student name_____

Signature of parent/guardian _____

Date: _____



Cultivating Opportunities