

Confirmation of Understanding and Agreement of Daily Health Check Screenings for the 2021-22 School Year

By signing below, I agree to screen my child/children (or self, for staff members) for symptoms of illness, including COVID-19, using the B.C. K-12 Health Check link/app at <https://www.k12dailycheck.gov.bc.ca/healthcheck?execution=e1s1> each morning prior to sending your child (or self) to Studio9. I agree to adhere to the instructions on the B.C.K-12 Health Check link/app and in the case that my child develops COVID-19-like symptoms at school, will pick my child up from school immediately (or have a designate pick up your child immediately). For staff who develop COVID-19-like symptoms at school, he/she must leave Studio9 immediately.

In the case where the parent/guardian is not with the child the morning prior to the child attending school, the parent/guardian agrees to inform the carer of the child the instructions above and have them complete the Daily Health Check for their child.

FOR PARENTS/GUARDIANS ONLY:

Name of Parent/Guardian #1: _____

Signature of Parent/Guardian #1: _____

Name of Parent/Guardian #2: _____

Signature of Parent/Guardian #2: _____

Name of child(ren): _____

Date signed: _____

Designate/emergency contact who will pick up my child in case she/he develops COVID-19-like symptoms while at school.

Name of Designate/Emergency Contact: _____

Phone number(s) of Designate/Emergency Contact: _____

FOR STAFF ONLY:

Name of Staff Member: _____

Signature of Staff Member: _____

Date signed: _____