

Fayette County Public Schools

Family Assurance of Student Health Agreement

We all play a role in protecting the health, safety, and well-being of our students, staff and families. One of the most important things we can do to prevent the potential spread of COVID-19 is to stay home when we are sick or have been exposed to someone else who is sick.

PLEASE SIGN AND RETURN THIS FORM SHOWING THAT YOU AGREE TO THE FOLLOWING:

1. I will NOT send my child to school until they are released from quarantine by the health department if:
 - My child has been in close physical contact with a person who is known to have COVID-19.
 - Anyone in our household tests positive COVID-19.
 - My child has travelled out of the country.
2. I will check my child each day for the following known symptoms of COVID-19 and will NOT send them to school if they are experiencing:
 - Fever (temperature of 100.4 degrees Fahrenheit or greater) or chills
 - Sore throat
 - New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
 - Diarrhea, vomiting, or abdominal pain
 - New onset of severe headache
3. If my child is tested for COVID-19 for any reason, I will not send them to school until I receive their results. If they test positive, I will NOT send them to school until cleared to do so by a medical professional. I understand I am required to report a positive test result to FCPS within 24 hours of receiving the results.
4. If my child meets any of the conditions above or is exhibiting any of the symptoms of COVID-19, I will notify the school of my child's absence.
5. If my child develops any symptoms of COVID-19 during the school day, I agree that I, or my designee, will pick up my child as soon as possible, and will not send my child back to school until they have been symptom free for 24 hours without the use of medication.

Student Name: _____

School: _____

Parent/Guardian Signature: _____

Date: _____

Daily Home Screening for Students

Families: Please complete this quick check of your child's health each morning before your child leaves for school.

SECTION 1: Symptoms

Please check your child for these symptoms every day. If your child has any of the following symptoms, keep them home from school and call the school to let them know. Students may not return to campus until they have been symptom free for 24 hours without the use of medication.

- Temperature of 100.4 degrees Fahrenheit or higher
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

SECTION 2: Close Contact/Potential Exposure

If any of the following statements are true for your child, keep them home from school and call the school to let them know.

- Had close contact with a person with confirmed COVID-19
- Lives in the same house with someone confirmed to have COVID-19
- Travelled out of the country

SECTION 3: Testing

- If your child has been tested for COVID-19 for any reason, keep them home from school until you receive their results.
- If their test results are negative and they have not been told to isolate or quarantine for any reason, they may return to school.
- If their test results are positive, you are required to notify FCPS within 24 hours of receiving the result. To report a positive case of COVID-19, families should call 859-381-FCPS (3277).