



Parent/Guardian Acknowledgement of Passive Screening

As a parent or guardian of a child attending a school in the Santa Ana Unified School District, I acknowledge that it is my responsibility to screen my child each morning for symptoms of COVID-19.

If my student is experiencing any symptoms of COVID-19, has been exposed to, or in close contact with someone diagnosed with COVID-19, or has been tested for COVID-19 in the last 14 days, I agree to keep my student home from school and notify the school of this information. Close contact is defined as closer than 6ft for longer than 15 minutes, total in a day.

I will not send my student to school or any school sponsored activities until I have been cleared to do so by the School Nurse, school administrator, or designated representative.

I understand that my student will be expected to wear a face covering each day at school unless unable due to a medical condition. I agree that I will require my student to wear a face covering at school. If I believe my student has a medical reason not to wear a mask, I will contact the School Nurse for my student's school and provide a letter from their medical provider stating the reason they are unable to wear a mask.

I understand that my student and/or household members will not attend practices or competitions, or enter school grounds or facilities if the student and/or household members have symptoms of COVID-19 or are in isolation or quarantine for COVID-19.

I acknowledge that my student may be required to participate in mandatory passive screening and/ or COVID-19 testing (antigen or PCR) based on County Health and California Department of Health requirements for Youth Sports.

I acknowledge that students who are diagnosed with COVID-19 are at higher risk for complications during physical activity and will need to be cleared by a physician or medical provider prior to participating in any physical activities including physical education class (PE), athletics (sports), or other type of activity involving physical exertion.

I acknowledge and agree that I will not allow my student to participate in sports or PE class until they have been cleared by a physician or medical provider and the school has a copy of the note releasing my student to participate. I will notify the School Nurse and PE teacher or coach if my student is diagnosed with COVID-19.

The symptoms of COVID-19 for which I will screen my child include:

- Temperature of 100.4F or higher
- Cough
- Difficulty Breathing
- Loss of Taste or Smell
- Nasal Congestion/runny nose
- Headache
- Sore Throat
- Fatigue/Muscle or body aches
- Diarrhea, vomiting, abdominal pain

If my student is experiencing any of the above symptoms, has been in close contact with someone diagnosed with COVID-19, or has been tested, in the last 14 days, I will contact the School Nurse for information related to health resources and when my student should return to school.

Please check one of the following statements:

- My student has never tested positive for COVID-19
- My student has tested positive for COVID-19 and will complete the Post COVID-19 Athletic Clearance as part of their athletic medical clearance prior to any athletic events.

Acknowledgement

Print Name

Relationship

Signature

Date