

School District of the Menomonie Area PreK-12 Parent Health Acknowledgment Form

Child's First and Last Name: _____

Parent/Caregiver First and Last Name: _____

To help keep our school and community as safe and healthy as possible I, as parent/caregiver, will follow the expectations below:

- 1. I will **NOT** send my child to school if my child has close contact (within 6 feet for at least 15 cumulative minutes, direct physical contact, or contact with respiratory secretions) in the previous 14 days (at any time during the school year) with someone diagnosed with COVID-19.
- 2. I will **NOT** send my child to school if any health department or health care provider contacts me and advises me to quarantine my child.
- 3. I will **NOT** send my child to school if they have been diagnosed with COVID-19, with or without symptoms, in the last 10 days and have not been released from isolation from the local health department.
- 4. I will **NOT** send my child to school if they have taken medication in the last 24 hours to lower temperature (Tylenol, Ibuprofen).
- 5. I will **NOT** send my child to school if they have any **one** of the following symptoms within the last 24 hours:
 - Cough
 - Shortness of breath or difficulty breathing
 - New loss of taste or smell
 - Fever of 100.0 degrees Fahrenheit or above
 - Your child has taken medication in the past 24 hours to to lower temperature (Tylenol, ibuprofen)
 - Vomiting
 - Diarrhea
- 6. I will **NOT** send my child to school if they have any **two or more** of the following symptoms within the last 24 hours:
 - Sore throat
 - Unusual fatigue
 - Nausea
 - Runny nose or nasal congestion
 - Headache
 - Muscle or body aches
 - Chills/shivering

I understand if my child has these symptoms, they (and siblings and other household contacts) should stay at home, stay away from other people, and I should call their health care provider

7. I **WILL** follow all other illness exclusion protocols as noted in Wisconsin Department of Health Services for COVID-19 and Wisconsin Childhood Communicable Diseases chart.

- 8. I **WILL** provide updated contact information so the school can reach me if my child becomes sick or injured at school.
- 9. If I am called to pick up my child I **WILL** make arrangements to have them picked up within 30 minutes of the call.

Resources for seeking medical advice:

- 1. Call your health care provider.
- 2. Wisconsin DHS Online COVID-19 assessment and Self-Care Guide <https://www.wihealthconnect.com> after answering online assessment questions you can select to have a licensed health care practitioner to contact you within one hour about next steps.
- 3. Utilize Dunn County COVID-19 Testing Partners (Information attached)

Resources for monitoring temperatures at home:

- 1. <https://www.mayoclinic.org/how-to-take-temperature/art-20482578>
- 2. The Kinsa app is free and all families and staff can use it and manually enter in temperature readings from any thermometer. <https://www.kinsahealth.co>.

DPI Returning to School After COVID-19

Students with COVID-19 like symptoms that test positive for COVID-19 may not return to school until they are fever-free for 24 hours, symptoms are improving, and 10 days have passed since symptoms first started.

Students that test positive for COVID-19 and do not have symptoms must isolate at home for 10 days after the day the sample was collected.

Students with COVID-19-like symptoms that test negative for COVID-19 may not return to school until they have written medical clearance from a health care provider, fever-free for 24 hours, and meet any other exclusion criteria for other communicable illness in Wisconsin Childhood Communicable Diseases.

I have read and acknowledged all information in pages 1 and 2 of the Parent Health Acknowledgment Form.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____