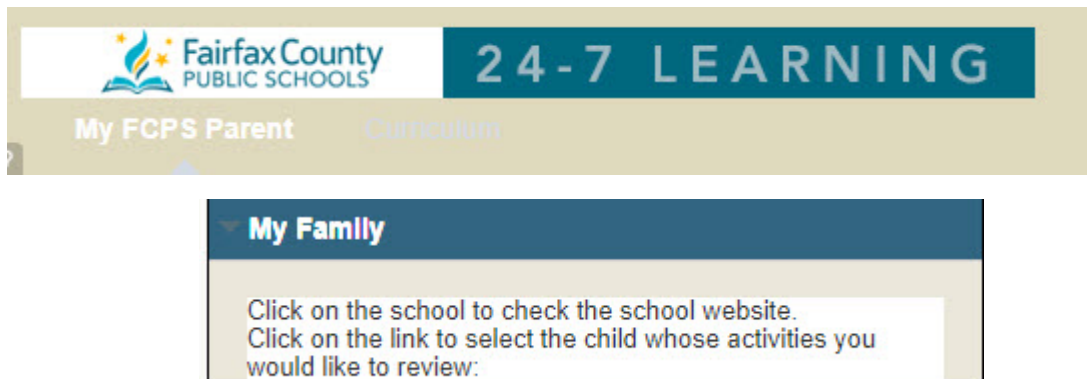


# Parental Guardian Health Screening Commitment Form via Blackboard

**(SUBMIT ELECTRONICALLY)**

1. GO TO: <https://fcps.blackboard.com/>
2. SIGN IN Username and Password
3. GO TO My Family and CLICK ON school website:



4. CLICK ON:

## In-School Instruction – Form Needed

Parents/guardians who chose in-school instruction for their child will receive a health screening commitment form where you will agree to completing a daily health screening prior to sending your student to school. Forms must be received at school electronically or by hard copy before your child returns to in-school instruction.

Students whose parent/guardian have not returned a signed form will be required to complete a health screening and have their temperature taken daily by school staff until the form is received.

## 5. CLICK ON: Parent/Guardian Health Screening Commitment Form (<https://www.fcps.edu/return-school/student-health-and-safety-guidance-document#parents>):

### Parental Guardian Health Screening Commitment Form:

- Parents or guardians who chose an in-school instructional option for their child will be required to complete a [Parent/Guardian Health Screening Commitment form](#) as students are phased back into in-person learning. The commitment form is available in [English](#), [Amharic](#), [Arabic](#), [Chinese](#), [Farsi](#), [Korean](#), [Spanish](#), [Urdu](#), and [Vietnamese](#).
- This document indicates the parent or guardian's agreement and commitment to completing a daily health screening prior to sending the student to school and also to keep ill students at home.
- Parents/guardians who have indicated that their child will attend in-school instruction will receive the commitment form electronically, or via hard copy, in their preferred correspondence language.

## 6. FILL OUT form and SUBMIT

### Parent/Guardian Health Screening Commitment Form

To protect our children and staff, I commit to complete a daily health screening of my child using the COVID-19 Health Screening Questions and to not to send my child to school when he/she is sick or feeling unwell with the symptoms consistent with COVID-19. This commitment will apply to all school-age children in my home.

**I agree to take my child to a physician for evaluation and completion of the Permission to Return to School/Child Care each time my child is sent home ill during the school day.**

If someone in my household has been diagnosed or confirmed with COVID-19, or my child is exposed, I agree to keep my child home for 14 days after their last exposure to the household member.

**\*Exposure is defined as individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). A person with COVID-19 is considered contagious starting 2 days before they became sick, or 2 days before they tested positive if they never had symptoms.**

If someone in my household develops any of the above symptoms, I will get that person evaluated by a health care provider and/or tested for COVID-19. If that person tests positive or is diagnosed with COVID-19, I will keep my child home for 14 days after their last exposure to this household member OR as above if my child tests positive.

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Revised 10.28.20

# Parental Guardian Health Screening Commitment Form via FCPS.EDU

**(SUBMIT VIA PAPER)**

1. GO TO: Fcps.edu

2. CLICK ON Return to School



3. SCROLL DOWN and CLICK ON Health and Safety Guidance



## Health and Safety Guidance Document for 2020-21

FCPS is providing guidance regarding school health and safety practices for students for reopening schools during all phases. Health screening questionnaires and health screening commitment forms are available in all languages.

## 4. SCROLL DOWN AND CLICK ON: Parent/Guardian Health Screening Commitment Form

<https://www.fcps.edu/return-school/student-health-and-safety-guidance-document>).

### Parental Guardian Health Screening Commitment Form:

- Parents or guardians who chose an in-school instructional option for their child will be required to complete a [Parent/Guardian Health Screening Commitment form](#) as students are phased back into in-person learning. The commitment form is available in [English](#), [Amharic](#), [Arabic](#), [Chinese](#), [Farsi](#), [Korean](#), [Spanish](#), [Urdu](#), and [Vietnamese](#).
- This document indicates the parent or guardian's agreement and commitment to completing a daily health screening prior to sending the student to school and also to keep ill students at home.

## 5. CLICK ON the appropriate translation

### Parent/Guardian Health Screening Commitment Form

To protect our children and staff, I commit to complete a daily health screening of my child using the COVID-19 Health Screening Questions and to not to send my child to school when he/she is sick or feeling unwell with the symptoms consistent with COVID-19. This commitment will apply to all school-age children in my home.

**I agree to take my child to a physician for evaluation and completion of the Permission to Return to School/Child Care each time my child is sent home ill during the school day.**

If someone in my household has been diagnosed or confirmed with COVID-19, or my child is exposed, I agree to keep my child home for 14 days after their last exposure to the household member.

**\*Exposure is defined as individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). A person with COVID-19 is considered contagious starting 2 days before they became sick, or 2 days before they tested positive if they never had symptoms.**

If someone in my household develops any of the above symptoms, I will get that person evaluated by a health care provider and/or tested for COVID-19. If that person tests positive or is diagnosed with COVID-19, I will keep my child home for 14 days after their last exposure to this household member OR as above if my child tests positive.

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Revised 10.28.20

## 6. SIGN, PRINT, DROP-OFF at McLean or EMAIL student's counselor