

Truro Central School

Stephanie Costigan
Superintendent

Patrick Riley
Principal



317 Rte. 6, P.O. Box 2029
Truro, MA 02666

Phone: 508-487-1558
Fax: 508-487-4289

TRURO CENTRAL SCHOOL DAILY HOME SCREENING

For the 2021-22 school year, all students who come to school must be screened by their caregivers for COVID-19 symptoms each morning. In an effort to observe critical safety measures we are taking an abundance of caution to be sure TCS students and staff are safe. Below is the full list of symptoms for which caregivers should monitor their children, and staff should monitor themselves.

Please screen your student by using the following checklist before they come into the school each day.

COVID-19 symptoms list:

- **Fever** (100.0° Fahrenheit or higher), **chills**, or **shaking chills**
- **Difficulty breathing or shortness of breath**
- **New loss of taste or smell**
- **Muscle aches or body aches**
- Cough (*not due to other known cause, such as chronic cough*)
- Sore throat (*when in combination with other symptoms*)
- Nausea, vomiting, or diarrhea (*when in combination with other symptoms*)
- Headache (*when in combination with other symptoms*)
- Fatigue (*when in combination with other symptoms*)
- Nasal congestion or runny nose (*when in combination with other symptoms but not due to other known cause, such as allergies*)

Daily At Home COVID Screening Parent/ Guardian Contract

The following recommendations were reviewed and updated October 19, 2021.

Truro Central School

Stephanie Costigan
Superintendent

Patrick Riley
Principal



317 Rte. 6, P.O. Box 2029
Truro, MA 02666

Phone: 508-487-1558
Fax: 508-487-4289

Families are asked to review the following information and *return* this signed form.

- I agree to pick my child up within 30 minutes of request if my child develops any of the above symptoms at school.
- I certify that I will not send my student to school if they had any of the above major **(BOLDED)** symptoms or combination of two or more minor symptoms within the last 24 hours.
- If my child develops any of the above-mentioned symptoms, I agree to
 1. Contact the school nurse, Beth Cook, to report an illness, and
 2. Seek appropriate medical attention/ COVID-19 testing, and
 3. Remain at home in quarantine until negative test results are obtained AND I am medically cleared by a health professional.
 4. Follow-up again with the school nurse again to discuss resolving symptoms and a return-to-school plan.
- I understand that my child must wear a mask that covers both their nose and mouth at all times at school, except during designated mask breaks and eating times. I understand that a mask with a vent is not acceptable at school.
- By sending my child to school I confirm that my child has not had close contact with an individual diagnosed or suspected positive of COVID-19 within the past 14 days.
- By sending my child to school I confirm that my child has not been asked to self-isolate or quarantine by a doctor or health official.

I acknowledge that if my child travels outside of Massachusetts for more than 1 day; I will inform the school in advance and upon return and:

- Obtain a negative antigen test *AND* monitor for symptoms closely for 10 days.
- OR**
- Remain away from school for the 10 days following return without a test.

**For families traveling overseas, students will need to quarantine for 7 days upon return to the country. **

Please sign and return with your family. If you have any questions, please contact Beth Cook, RN at (508) 487-1558.

Parent/Guardian signature: _____ **Date:** _____

Child(ren)'s name: _____