



Parent/Staff Agreement for  
**Daily At-Home Student Health Assessment**  
**2021 – 2022 School Year**

I agree to perform a daily at-home health assessment before allowing my child(ren) to attend Providence Montessori School. If ANY of the symptoms listed below are present, I assure Providence Montessori School that my child(ren) will not attend school on that day and will not return to school until permitted under the Providence Montessori School COVID-19 Attendance Policy.

- Temperature reading of 100.4 degrees or higher (Chills, sweating)
- New Cough
- GI Symptoms (vomiting/diarrhea/nausea)
- Congestion or runny nose
- Sore throat
- New loss of taste or smell
- Shortness of breath or difficulty breathing
- Muscle or body aches
- Exposure to COVID-19\*

If anyone in my household is awaiting the results from a COVID-19 test, I will not send my child(ren) to school until a negative test result has been confirmed.

I will notify the school of my child's (ren) absence. If my child(ren) is at school and develops any of these symptoms at any point during the school day, I assure Providence Montessori that I, or my designee, will pick up my child/children within the hour.

Student Name(s): \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If you find out that you and/or your child(ren) have been in close contact with someone with COVID-19, your child(ren) must comply with the Providence Montessori School COVID-19 Attendance Policy regarding returning to school after an exposure.*