

## Student and Parent 2020-21 **Wellness Responsibilities and Expectations**

The safety and well-being of all students and families remains the highest priority of Pinellas County Schools. Aligned with the Centers for Disease Control and Prevention (CDC) recommendations regarding COVID-19, we are asking your support in maintaining a safe school environment by monitoring your student(s) every day before sending them to school. People with COVID-19 may have a wide range of symptoms. These may appear 2 to 14 days after exposure to the virus. Be on the lookout for the following new onset symptoms, not associated with any condition already diagnosed by your child's health care provider:

- Fever of greater than 100.40 F (with or without chills)
- Cough
- Shortness of breath/difficulty breathing
- Extreme fatigue

- Headache
- New or sudden loss of taste or smell

- Sore throat
- Congestion or runny nose
- Nausea/vomiting/diarrhea

Students should also not attend school if, within the last 14 days, they have:

- Been in close contact with anyone who has been diagnosed with COVID-19;
- Been placed on guarantine for possible contact with COVID-19;
- Have travelled abroad or to an area of the country where self-quarantine is recommended upon return; or
- Have a COVID-19 test pending.

If your child shows any of these symptoms or conditions, it is extremely important to keep your child home from school and contact their healthcare provider for guidance. If your child exhibits symptoms or becomes ill during the day, arrangements must be made by the parent/guardian to pick them up from school as soon as possible. Be sure your child gets plenty of rest and stays hydrated and remains home except to receive medical care.

Parents/guardians: please review the information above, sign and return to your student's school.	
I,, parent/guardian of	
who attends	School, affirm that I have
reviewed the Student and Parent 2020-21 Wellness Respons	ibilities and Expectations information regarding
the symptoms of COVID-19 and will monitor my student(s) d	aily before sending them to school. By sending
my student(s) to school, I am affirming that my student(s) is/are well enough to attend school that day. If my	
student(s) become ill during the school day, I will make the necessary arrangements to pick them as soon as	
possible following notification from the school.	
Parent/Guardian Signature:	Date: