



Binghamton City School District
COVID-19 Student Daily Screening Agreement

I agree and attest that I have and will review the health screening questions for each child attending school daily, prior to coming to school. I have screened my child(ren) and can answer the questions with a negative response, indicating that none of the underlying symptoms (questions 1-5) are positive or have occurred prior to coming to school. I agree to submit an affirmation on a weekly basis through the District’s GoCanvas application.

1. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has had symptoms of COVID-19?
2. Have tested positive through a diagnostic test for COVID-19 in the past 14 days?
3. Have you experienced any symptoms of COVID-19, including being extremely tired, dry cough, shortness of breath, loss of sense of smell or taste, severe headache, nausea, vomiting or diarrhea?
4. Have you experienced a temperature greater than 100 degrees in the past 14 days?
5. Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

By signing below, I acknowledge that my child(ren) has/have been screened prior to coming to school and answered NO to all of the questions above and I have not misrepresented my child(ren)’s health in any way to the Binghamton City School District.

I further understand that if the answer is **YES** to **any** of the questions above, my child(ren) is/are **NOT ALLOWED** to report to school or be on school grounds. I understand that I need to contact my child(ren)’s school nurse and my health care provider immediately.

Child(ren) Name(s)	Building Attending

Printed Name Parent/Guardian

Date

Signature

Please return to school with a child or drop off at any school mailbox found at the front entrance to each building.