

The Public Schools of Brookline
School Health Services

School Attendance Agreement

Dear Parents,

School Health staff have collaborated with educators and administrators to plan for our preschool, Kindergarten and vulnerable students to attend school. We will strictly follow guidelines set forth by the Department of Elementary and Secondary Education, in conjunction with our local board of health.

If your child has any medical issues or if you have concerns, we request that you discuss your child's attendance at school with your healthcare provider.

It is essential that we have your partnership in order to keep our children and staff as healthy and safe as possible. We request that you read, and sign this school attendance agreement.

Student's Name: _____ School: _____

I agree to the following:

- My child's temperature will be checked at home every morning before taking any fever reducing medication. If my child's temperature is 100 F or 37.8 C or above, I will keep them home from school.
- If my child has any symptoms of COVID-19, I will keep them home from school until I have consulted and been cleared by my healthcare provider. Symptoms may include: fever, cough, shortness of breath, diarrhea, abdominal pain, muscle aches, fatigue, loss of smell or taste, sore throat, congestion or runny nose.
- My child will wear a mask to school every day (supplied by family) as able. Masks should be washed or changed daily.
- I have shared phone numbers where a responsible adult can be readily reached, at all times.
- My child will be picked up from school within 30 minutes of a call from the school nurse that my child is ill. Ill students will be isolated. Space is limited.
- I will notify the school nurse if any household member or contact is diagnosed with COVID-19.
- I will keep my child home and quarantine, or show proof of negative COVID-19 if my child has traveled outside of MA with the exception of specific travel approved states (currently NJ, NY, NH, CT, ME, VT). Visit www.ma.gov/covid-19/travel for more details.

Parent/Guardian Signature: _____ Date _____

Print Legal Name (First and Last): _____