

**Pre-screening form for your child to enter the PLASP After School Program.**

This form must be completed daily for your child to attend the After School Program. We must received the completed form by 1:00 pm each day. If we do not receive a completed form with all ‘**No**’ responses, your child will not be able to attend the program. The document will be emailed directly to your child’s After School Program.

Date:

Parent/Guardian’s Name:

Child’s Name:

Location

Kindergarten: School Age:

**1. Does your child have any of the following new or worsening symptoms?**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Symptoms** |
|  |  | Fever and/or chills |
|  |  | Cough |
|  |  | Difficulty Breathing/Shortness of Breath |
|  |  | Decrease or loss of smell or taste |

**2. Does your child have any of the following new or worsening symptoms?**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Symptoms** |
|  |  | Sore throat (painful or difficulty swallowing) |
|  |  | Stuffy nose and/or runny nose  |
|  |  | Headache |
|  |  | Nausea, vomiting and/or diarrhea |
|  |  | Fatigue, lethargy, muscle aches or malaise |

**3.** Has your child traveled outside of Canada in the past 14 days? Yes No

**4.** Has your child been identified as a close contact of someone who is confirmed as having COVID-19 by your local public health unit (or from the COVID) Alert app if they have their own phone)? Yes No

**5.** Has your child been directed by a health care provider including public health official to isolate? Yes No

**Results of Screening Questions**

If you answered “YES” to any of the symptoms included under question 1:

* Your child should stay home and isolate immediately
* Contact your child’s health care provider for further advice or assessment, including if your child needs a COVID-19 test or other treatment

If you answered “YES” to any of the symptoms included under question 2:

* Your child should stay home for 24 hours form when the symptoms started
* If the symptom is improving, your child may return to school/child care when they feel well enough to do so. A negative COVID-19 test is not required to return.
* If the symptom persists or worsens, contact us for further advice or assessment, including if your child needs a COVID-19 test or other treatment.

If you answered “YES” to two or more of the symptoms included in question 2:

* Your child should stay home to isolate immediately.
* Contact your child’s health care provider for further advice or assessment, including if your child needs a COVID-19 test or other treatment.

If you answered “YES” to questions 3, 4 or 5:

* Your child should stay home to isolate immediately and follow the advice of public health
* If your child develops symptoms, you should contact your local public health unit for further advice.