



Family/Student Daily Health Certification Acknowledgment

The safety of our community is always our highest priority. Together we share a responsibility to help prevent the spread of illnesses such as Coronavirus (COVID-19). This responsibility includes keeping students home when they are demonstrating COVID-like symptoms, have been diagnosed with COVID-19, or have had close contact with an individual diagnosed with COVID-19. In an effort to support these measures, and pursuant to the guidance of the Minnesota Department of Health and the Minnesota Department of Education, Math & Science Academy is requiring students/parents/guardians to certify that each student is free of all COVID-like symptoms before entering any school building, attending any school sponsored events, or riding on school transportation vehicles. This includes entering any school buildings for assessments or as a visitor for any reason.

You must screen your student each time you are going to send them to school. By sending your student to school, you are certifying that you have screened your student according to the following criteria, **and** that your student does not have any conditions or symptoms that require them to stay home.

DAILY SCREENING:

If a student has ONE OR MORE of the following symptoms, they **MUST** stay home:

- Fever of 100.4 degrees Fahrenheit or higher
- Difficulty / hard time breathing
- New cough or cough that gets worse
- New loss of taste or smell.

If a student has AT LEAST TWO of the following symptoms, they **MUST** stay home:

- Sore throat
- Nausea
- Vomiting
- Diarrhea
- Chills
- Muscle pain
- Excessive fatigue / feels very tired
- New severe / very bad headache
- New nasal congestion / stuffy or runny nose

In addition to screening for symptoms, if **any** of the following apply to your student, they **MUST** stay home:

- A doctor or another healthcare provider has told your student since they last went to school that they have COVID-19 or they have had a positive test result for COVID-19.
- Your student or any other household member who has symptoms of COVID-19 is currently waiting for COVID-19 test results.
- A household member has tested positive for COVID-19 or has been told they have COVID-19.
- Your student has had close contact in the last 14 days with someone (other than a household member) who has COVID-19.
- The school or health department has contacted you and said your student should stay home.

If your student is required to stay home due to any of the screening criteria, please notify MSA by calling the attendance line, 651-578-8061, and specifying that your student is being kept home due to COVID-19 symptoms, COVID-19 diagnosis or exposure, or potential COVID-19 exposure.

If your student develops any symptoms of COVID-19 while at school, they will be assessed and you will be notified. You must be prepared make immediate arrangements for your student to leave school if MSA determines they must be sent home.



As a parent/guardian of an MSA student, you play a vital role in helping us maintain a safe and healthy school environment for our entire school community. By signing this document, you acknowledge that you have read and understand the above information and that you are responsible for:

- **Daily monitoring of your student for COVID-like symptoms and compliance with MSA’s self-certification process.**
- **Keeping your student home if they display COVID-like symptoms, are diagnosed with COVID-19, or are directly exposed to someone that was diagnosed with COVID-19.**
- **Notifying the school if your child is experiencing COVID-like symptoms, tests positive for COVID-19, or has direct exposure to someone who has tested positive for COVID-19.**

Further, you acknowledge that your student’s attendance at school or any school-related activity on any day serves as your acknowledgement that your student has completed the daily health assessment and that your student has no symptoms or conditions which require them to stay home.

Student Name: _____

Student Signature (18 and older) _____

Parent/Guardian name: _____ Parent/Guardian Signature: _____

Date: _____