



Department of Special Education
800 DeVillen Avenue
Royal Oak, MI 48073

248-435-8400 ext: 1269
248-435-9280

January 15th, 2021

Dear Royal Oak Families,

For the safety of our entire school community and in accordance with the District's return to school plan, we ask that you review and adhere to the documents included in this communication. Specifically, please review, sign and return the "[COVID 19 SCHOOL HEALTH SCREENING AGREEMENT](#)" indicating that you agree to screen your child daily before sending them to school. Please return this document on **Tuesday, January 19th**.

Please keep the "[STAFF AND STUDENT AT HOME SCREENING CHECKLIST FOR SCHOOLS](#)" at home as a reference for the daily screening that you have agreed to complete. If the results of the screening indicate that your child should stay home, please contact the school and make them aware of the situation.

Together we can facilitate a safe return to in-person learning for our whole school community. Our ability to keep our classrooms safe and open depends on our collective effort. We appreciate your adherence to these guidelines and ask that you contact us if you have any questions or concerns.

Sincerely,

Jane Flarity-Gram, Ed.S.
Director of Special Education

Jason Zewatsky, Ed.S.
Autism Program Supervisor

COVID-19 SCHOOL HEALTH SCREENING AGREEMENT

Instructions for Parents and/or Guardians

For the health and safety of our students, Oakland County Health Division (OCHD) requires students be screened for symptoms of COVID-19 before getting on a bus or entering school. The Centers for Disease Control and Prevention (CDC) do not recommend screenings be done by the schools in consideration of time and interruption to education. Schools may conduct additional in school screening if cases have been identified in the school or prior to after school activities.



Complete the information below prior to sending your child to school. By doing so, you indicate your understanding and agreement to perform daily symptom screenings on your child.

By signing this form, I am committing to screening my child daily for the 2020-2021 school year, unless otherwise directed. I also understand that it is my responsibility to call the school immediately if my child is not going to school for potential COVID-19 symptoms.

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I commit to screening my child _____ daily for COVID-19 symptoms and exposure.

Parent(s)/Guardian(s) Name: _____

Address: _____ Phone Number: _____

_____ Date: _____

School Name: _____

Parent or Guardian Signature: _____