A close up of a sign

Description automatically generated**Logo

Description automatically generatedSt. Brigid Catholic Elementary School**

**Confirmation of Daily Covid-19 Student Screening Log**

Parents/guardians/students must complete the [Ontario School Screening Tool](https://covid-19.ontario.ca/school-screening/) each morning prior to or upon arrival for each student. Confirmation of the daily screening must be provided to the classroom teacher upon entry into the school.

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

**Parent/Guardian Name***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Date**: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

(Please Print)

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| **Verify in writing:** |  | **Verify electronically:**  [*https://covid-19.ontario.ca/school-screening/*](https://covid-19.ontario.ca/school-screening/)    Students may alternatively complete screening on their own device, where age appropriate, and present on arrival. |
| I/we confirm the student (above) received a “pass” on the COVID School Screening Tool.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Name (Print)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature |
|  |
| **Please initial each morning prior to attending school.**  By initialing below, I/we confirm the Ontario COVID-19 School Screening has been completed for my child and my child has passed the screening.   |  |  | | --- | --- | | **Date** | **Parent/guardian initials** | | Monday January 3, 2022 |  | | Tuesday January 4, 2022 |  | | Wednesday January 5, 2022 |  | | Thursday January 6, 2022 |  | | Friday January 7, 2022 |  | | Monday January 10, 2022 |  | | Tuesday January 11, 2022 |  | | Wednesday January 12, 2022 |  | | Thursday January 13, 2022 |  | | Friday January 14, 2022 |  | | | | |
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