**St. Mark Confirmation of Daily Covid-19 Student Screening Log**

**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 |
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| **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.

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| **Date** | **Parent/guardian initials** |
| September 7, 2021 |  |
| September 8, 2021 |  |
| September 9, 2021 |  |
| September 10, 2021 |  |
| September 13, 2021 |  |
| September 14, 2021 |  |
| September 15, 2021 |  |
| September 16, 2021 |  |
| September 17, 2021 |  |

Daily self-screening for all students continues to be a requirement to come to school. Thank you for working together to keep our school safe 😊 |