**St. Peter CES 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.   |  |  | | --- | --- | | **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 beyond September 17, 2021. Thank you for working together to keep our school safe. | |
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