

# ASCEND ONLINE SCHOOL

## FAMILY HEALTH COMMITMENT for ASCEND Online Learners

I/We \_\_\_\_\_ parent(s)/guardian(s) of \_\_\_\_\_ do commit to assessing my/our child's health each day before my/our child participates in an in-person learning activity. This daily assessment will include checking to ensure a temperature not more than 37.5 degrees Celsius and checking for symptoms of illness ([Appendix A: Daily Health Check](#)). I/We commit to not send my/our child to the in-person learning activity if my/our child exhibits a fever, chills, cough/worsening of chronic cough, shortness of breath, loss of sense of smell/taste, diarrhea, nausea and vomiting, or other symptoms of illness that are not a pre-existing condition diagnosed with a treatment plan by our health care provider (ex., allergies, asthma).

I/We acknowledge that such an assessment is a commitment by me/us to do my/our part to ensure the health and safety of all members of the school community.

I/We acknowledge that a failure to conduct such an assessment may result in my/our child not being permitted to participate in the in-person learning activity on that day. I/we confirm that prior to receiving any in-person services in my/our home for our child, I will confirm to the Learning Support Service Provider that I have conducted this health check for myself and for all members of the household who may be present in the home during the time of the in-person activity ([Appendix A](#)) as of the day of the appointment and be willing to answer the daily health check questions upon request of the Learning Support Service Provider. Prior to granting entry into my home, I will ask the Learning Support Service Provider whether they have completed the same daily health check. I have the responsibility to refuse services if the health and safety of participants are in question.

I/we confirm that prior to participating in any in-person learning activities or services that are parent/guardian initiated that I/we shall confirm that such business or alternate locale protocols align with the CISKD health and safety protocols and the ASCEND ONLINE Restart Plan.

I/We acknowledge that by sending my/our child to an in-person learning activity, I/We are confirming that my/our child does not and/or has not had any symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease including fever, chills, cough/worsening of chronic cough, shortness of breath, loss of sense of smell/taste, diarrhea, nausea and vomiting or other symptoms of illness (excluding chronic symptoms that may have surpassed the period of contagion as determined by a health care provider), and/or as may be updated by the BC Centre for Disease Control from time to time<sup>1</sup>.

Please note that subject to any public health guidelines or direction of the public health authority, and subject to what is set out below, household members who have not been diagnosed with any illness and who are free of symptoms of any illness may attend the in-person learning activity.

I/We acknowledge that by sending my/our child to the in-person learning activity, I/We are confirming that neither my/our child nor anyone in our household:

- a. has been directed by Public Health or a health care provider to self-isolate;
- b. has arrived from outside of Canada in the last 14 days; and,
- c. is a 'close contact' of a confirmed COVID-19 case within the past 14 days.

Should anyone in our household become ill, we commit to follow the BC CDC guidelines for [isolation when ill](#)<sup>2</sup> and/or [caregiving for the ill](#)<sup>3</sup>.

I have retained a copy of this Form for my/our personal records.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021. \_\_\_\_\_

Signature

<sup>1</sup> <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>

<sup>2</sup> <http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation.pdf>

<sup>3</sup> [http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation\\_caregivers.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_caregivers.pdf)