
Tuscumbia City Schools

303 North Commons Street, East · Tuscumbia, Alabama 35674
Phone (256) 389-2900 · Fax (256) 389-2903

Superintendent
Mr. Darryl Aikerson



President
Mr. Steve Finch
Vice President
Mrs. Leigh Anne West
Mr. Paul Grimes
Mr. Buddy Whitlock
Dr. Troy Youngblood

ATTN Parents/Guardians

August 1, 2020

Tuscumbia City Schools
Daily Home Screening for Students

Parents and Guardians,

Please take the time to ensure that your child/ren are safe during this time by checking for symptoms of COVID-19 daily. You may follow the symptom checker on the following page along with the Close Contact/Potential Exposure Checklist to ensure safety.

If your child has been exposed using the Center for Disease Control's checklist, developing symptoms for COVID-19, or has had a positive test, please contact your child's school to report this. Timely reporting to your school can help to mitigate the spread and possible outbreak in schools.

GW Trenholm: 256-389-2940
RE Thompson: 256-389-2930
Deshler Middle: 256-389-2920
Deshler High: 256-389-2910

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Pickett", with a long horizontal flourish extending to the right.

Paul Pickett
Director of Student Services
Tuscumbia City Schools

Daily Home Screening for Students

Parents: Please complete this short check each morning and report your child's information [INSERT YOUR SCHOOL REPORTING INSTRUCTIONS] in the morning before your child leaves for school.

SECTION 1: Symptoms

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

<input type="checkbox"/>	Temperature 100.4 degrees Fahrenheit or higher when taken by mouth;
<input type="checkbox"/>	Sore throat;
<input type="checkbox"/>	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
<input type="checkbox"/>	Diarrhea, vomiting, or abdominal pain
<input type="checkbox"/>	New onset of severe headache, especially with a fever.

SECTION 2: Close Contact/Potential Exposure

<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19: OR
<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to SARS-CoV-2; OR
<input type="checkbox"/>	Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the Community Mitigation Framework
<input type="checkbox"/>	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
<input type="checkbox"/>	Live in areas of high community transmission (as described in the Community Mitigation Framework) while the school remains open

