



COVID-19 Parent and Guardian Acknowledgment and Disclosure

Each statement below should be read and initialed by a student's parent or legal guardian. Parent/guardian signature is required at the bottom of page two.

1. _____ I understand that during this COVID-19 public health emergency I will not be permitted to enter the facility/school beyond designated drop-off and pick-up areas. I understand that this procedure change is for the safety of all persons present and to limit to the extent possible everyone's risk of exposure.
2. _____ I understand that it is my responsibility to inform other members of my household of the information contained herein.
3. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area I must use hand sanitizer and wear a mask before entering. While in the school, I will practice physical distancing, remaining 6 feet from all other people, except for my own child.
4. _____ I understand that in order to attend school, my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the class and move to a supervised, secure area. I will be contacted and my child **MUST** be picked up within 30 minutes of being notified. To aid in this, my emergency contacts have been updated.
Symptoms include:
 - Fever of 100.4 degrees fahrenheit or higher
 - Chills
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Cough
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
 - Any other symptom of illness, whether or not you believe it's related to COVID-19

While the District understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency.

Symptoms will typically appear two to seven days after being infected. Your child will need to be symptom-free, without any medication, for twenty-four (24) hours before returning to school.

5. _____ I understand that as the parent/guardian I will need to take my child's temperature and conduct the daily wellness screening of my child for symptoms prior to sending my child to school.
6. _____ I understand that over the course of the school day my child's temperature may be taken.
7. _____ I understand that my child will be required to wash their hands throughout the day using CDC-recommended hand washing procedures.
8. _____ I understand that my child must wear a face covering throughout the day according to the protocols established by the District.
9. _____ I will immediately notify the school nurse if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines "close contact" as being within 6 feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.
10. _____ I understand that, while present at school, my child will be in contact with children and school staff who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19. I understand that the members of my family play a crucial role in keeping everyone safe at school and reducing the risk of exposure by following the practices outlined herein.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed in this document. The school will continue to follow the guidelines of both the CDC and the Washington State Department of Public Health. As changes occur, parents and guardians will be notified. The school nurse and the school's COVID-19 Site Coordinator will work with them to help make crucial decisions on next steps.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____