



## SENS Covid-19 Program Attendance Parental Acknowledgement and Disclosure

This should be read and each statement initialed by EITHER parent or guardian. Signature by EITHER parent or the guardian is required.

1. \_\_\_\_\_ I understand that during COVID-19 public health emergency I will NOT be permitted to enter the facility beyond the designated drop off and pick up areas. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. \_\_\_\_\_ I understand the IF there is an emergency requiring me to enter the facility beyond the designated drop-off or pick up area, I MUST wash my hands before entering and wear a mask. While in the facility I must practice social distancing of 6ft, except with my own child.
3. \_\_\_\_\_ I understand that in order to attend the program 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 children. Symptoms include:
  - Fever of 99.5°F or higher
  - Dry cough
  - Shortness of breath
  - Chills
  - Loss of taste or smell
  - Sore throat
  - Muscle aches
  - Any other symptom identified by the CDC as associated with COVID-19

While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this health emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. \_\_\_\_\_ I understand that my child's temperature will be taken upon arrival at school.
5. \_\_\_\_\_ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using running water and rubbing with soap for at least 20 seconds.
6. \_\_\_\_\_ I agree to reinforce good health safety habits at home, including reminding my child not to touch their face, to frequently wash their hands long enough to sing "Happy Birthday" twice and to cover coughs and sneezes with a tissue or into their elbow.
7. \_\_\_\_\_ I will immediately notify St. Edmund's Nursery School's administration if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in #3 above, is advised to self isolate, quarantine or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify St. Edmund's Nursery School's administration if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.

8. \_\_\_\_\_ St. Edmund's Nursery School will continue to follow the guidelines of both the CDC and state and local officials to ensure the health and wellbeing of all staff and children who enter the facility. As changes happen, parents will be notified. St. Edmund's Nursery School will contact the Health Department if any staff member or student contracts COVID-19. St. Edmund's Nursery School reserves the right to change or suspend operating procedures in light of CDC, Health Department or other applicable agency guidance.
9. \_\_\_\_\_ I understand that while present in the facility each day my child will be in contact with children, families and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that the members of our family play a crucial role in keeping everyone in the facility safe 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 herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any policy or procedure outlined by St. Edmund's Nursery School will result in the adverse action up to and including my child's participation in this program.

Child's Name: \_\_\_\_\_ D/O.B. \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_