

**Vernon Elementary School District
COVID-19 Parental Acknowledgment and Disclosure**

Each statement below should be read and initialed by either a parent or the child's guardian.
Signature by a parent or the child's guardian is required.

1. _____ I understand that during this COVID-19 pandemic, if I enter district facilities, I may be asked to comply with public health safety measures. I understand that this procedure change is for the safety of all persons present at the facility/school 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 I enter district facilities, I may be asked to wash my hands and wear a mask before entering. While in the facility, I will practice social distancing to the best of my abilities and remain 6 feet from 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 moved to a supervised, secure area. I will be contacted, and my child **MUST** be picked up within 1 hour of being notified.

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
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

While the District understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with caution.

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 am encouraged to take my child's temperature prior to coming to school. I understand that, as the parent/guardian, I must also conduct daily self-screening of my child

for symptoms prior to the child arriving at 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 handwashing procedures.
- 8. _____ I will immediately notify the Site Point of Contact 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.
- 9. _____ The Site/District will continue to follow the guidelines of both the CDC and state and local officials. As changes occur, parents and guardians will be notified. The Site Point of Contact will contact the Arizona Department of Health Services if any staff member or student contracts COVID-19 to help make crucial decisions on next steps.
- 11. _____ I understand that, while present at school each day, my child will be in contact with children and employees 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 at school safe and reducing the risk of exposure by following the practices outlined herein.
- 12. _____ I understand that, although the district has put in place protective measures to reduce the spread of COVID-19, the district cannot guarantee that my child will not become infected with COVID-19. I understand that my child’s physical attendance at school, together with other students, inherently increases the risk that my child and/or my household members will contract COVID-19, notwithstanding any precautions taken by the district or school.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed herein.

Child’s Name: _____

DOB: _____

Parent’s Name: _____

Parent’s Signature: _____

Date: _____