



Good Shepherd Lutheran School

Creating Foundations for Life

COVID-19 PUBLIC HEALTH EMERGENCY SPECIAL PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE

This waiver must be initialled and signed by BOTH parents/guardians.

Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. 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 this information.
2. _____ I understand that to enter upon the facility premises 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 class members and wait in the Care Area to await pickup. I will be contacted, and my child MUST be picked up from the facility within 60 minutes of being notified.

Symptoms include:

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

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 Public 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.

3. _____ I understand that my child's temperature will be taken upon entering school daily.

4. _____ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
5. _____ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county, or local stay-at-home orders, and will limit my child's contact outside of care to persons living in my household.
6. _____ I will immediately notify GSLS Administration if I become aware of any person with whom my child or I have had contact that exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
7. _____ 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 I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure.

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

Child's Name:

DOB: _____

Parent's Name:

Parent Signature

Date: _____

Parent's Name:

Parent Signature

Date: _____
