



Participant Health Policy Agreement including COVID 19

Daily Health Checks while Participating in a program at a True Knight Campus for:

Student Name: _____

I agree that me and/or my participant adhere to the following:

- Temperature check (99.5 or less required to remain on-site)
- Immediate hand washing and done regularly throughout the day
- Participating in disinfecting regularly the participant's area (botanical disinfectants are used)
- Isolation should any illness symptoms occurring during the day
- Arrangements made ASAP to pick up participant once contacted by True Knight Staff

Reporting Symptoms of Illness

I agree to report to the campus director when my participant has any of the following:

- Vomiting
- Diarrhea
- Jaundice (yellowing of the skin and/or eyes)
- Sore throat with fever
- Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part
- COVID-19 Symptoms
 - Fever (greater than or equal to 100.4 deg F)
 - Persistent cough, chills, muscle aches, headache, loss of taste or smell, shortness of breath and/or difficulty breathing.

Reporting Diagnosed Illness

I agree to report to the campus director when my participant has been diagnosed ill due to any of the following infectious agents:

- | | |
|---|--------------------|
| • Campylobacter | • Hepatitis A |
| • Cryptosporidium | • Norovirus |
| • Cyclospora | • Salmonella spp. |
| • Entamoeba histolytica | • Salmonella Typhi |
| • Enterohemorrhagic or Shiga toxin-producing Escherichia coli | • Shigella |
| • Giardia | • Vibrio cholera |
| | • Yersinia |

Note: The director must report to the Health Department when an employee has one of the above-listed illnesses.

I must report to the campus director if my participant has had a previous illness, diagnosed by a health care provider, within the past three months due to **Salmonella Typhi**, without having received antibiotic therapy, as determined by a health care provider.

Reporting Exposure to an Illness

I agree to report to the campus director if my participant has been exposed to, or is the suspected source of, a confirmed disease outbreak because the consumption food at an event prepared by a person who is infected or ill with:

- Norovirus within the past forty-eight hours of last exposure
- Enterohemorrhagic or Shiga toxin-producing Escherichia coli, or Shigella spp. within the past three days of the last exposure
- Salmonella Typhi within the past fourteen days of the last exposure
- Hepatitis A virus within the past thirty days of last exposure



I agree to report to the campus director if my participant has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:

- Norovirus within the past forty-eight hours of last exposure
- Enterohemorrhagic or Shiga toxin-producing Escherichia coli, or Shigella spp. within the past three days of the last exposure
- Salmonella Typhi within the past fourteen days of the last exposure
- Hepatitis A virus within the past thirty days of last exposure

Exclusion and Restriction from Participating

If my participant has any of the symptoms or illnesses listed above, they may be **excluded*** or **restricted**** from participation by the director.

- ** If my participant is excluded from participating, they are not allowed on campus.*
- *** If my participant is restricted from participating, they are allowed to be on campus, but with limitations including, but not limited to wearing a face covering, additional handwashing and isolation from an activity, including off-campus activities.*

Returning to a Campus

My participant may return to a campus if they have been released by a health care provider or by approval of the licenser. You may seek approval to return by contacting the director if you were restricted due to symptoms listed in the "Reporting Symptoms of Illness" section and these symptoms have ceased, provided that the illness was not caused by an infectious agent listed in the "Reporting Diagnosed Illness" section.

Agreement

I understand that I must report when my participant has or has been exposed to any of the symptoms or illnesses listed above and comply with the campus restrictions and/or exclusions that are given to me.

I agree that I will not send my student to True Knight Home School Academy if my student has a fever greater than 99.9 degrees or is experiencing a cough. I agree that my student will not return to True Knight Home School Academy until my student is symptom free without medication for at least 72 hours. Because I am making this voluntary decision to enroll my student and allow my student to actively participate in True Knight Home School Academy programs, I, individually and on behalf of my student, heirs, hereby release and hold harmless True Knight Home School Academy from any and all claims, causes of action, and damages arising from or related to exposure to, contamination by or illness arising from COVID-19, which may occur during or as a result of my student's enrollment and participation in any and all True Knight programs.

I understand that if I do not comply with this agreement, my participant may be subject to dismissal from a program.

Guardian Name (please print) _____

Signature of Guardian _____ Date _____

Director Name (please print) _____

Signature of Director _____ Date _____