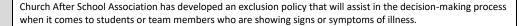
## Church After School Association, Inc. 2020-2021 School Year

## **COVID-19 RELEASE FORM**

## Illness





- If a student or team member test positive for COVID-19, we will immediately notify local health
  officials and enrolled families while maintaining confidentiality consistent with the Americans with
  Disabilities Act (ADA) and other applicable federal and state privacy laws.
- If a student or team member becomes ill, before the student or team member returns, the student or team member must be free of fever or illness for 72 hours without fever reducing medications.
- Students or team members that are determined by the Mississippi Department of Health as testing
  positive with COVID-19 will be required to quarantine for 14 days or until free of illness. Students or
  team members will be required to get tested before returning to any program with a negative test
  result.
- Facility of the student or team member that test positive will receive professional cleaning and reevaluation.
- Facility will remain open; however, receive professional cleaning before students return.
- Parents must inform Church After School Association of any family member within the household who test positive for COVID-19. Failure to do so will result in dismissal of the student from the program.
- Church After School Association will comply with the CDC and state guidelines in regards to cleaning
  and sanitizing each facility; however, it is impossible to guarantee a COVID-19 free environment.

Church After School Association reserves the right not to service a family that fails to comply with COVID-19 guidelines. It is the parent's/guardian's decision as to whether they send their child/children to Church After School Association After-School/All-Day Care Programming during the COVID-19 Pandemic. Church After School Association may not be held responsible if a child contracts COVID-19. Church After School Association reserves the right to amend these guidelines at any time.

I the parent(s) or legal guardian(s) on behalf of the individual student named below have read and understand this "Release of Liability" and am aware that by signing this agreement I may be waiving certain legal rights, including the right to sue if in the event my child/children contract COVID-19 while in the care of Church After School Association.

Student's Name (Print	:):		
	(LAST)	(FIRST)	(MIDDLE)
Parent/Guardian Nam	ne (Print):		
	(LAST)	(FIRST)	(MIDDLE)
Parent/Guardian Nam	ne (Signature):		
Date:/	/		
(MM) (DD)	(YYYY)		