



## STUDENT ACKNOWLEDGEMENT FORM COVID-19 SAFETY PROCEDURES UPON RETURNING TO SCHOOL

As the coronavirus (COVID-19) continues to spread, Cal Coast Academy wants to ensure that you are aware of what steps we are taking to protect the health of all students. Cal Coast Academy will take all reasonable means, within the limits of what is available, to continue to follow all federal, state and local regulations including, but not limited to, the Center for Disease Control (“CDC”), Occupational Safety and Health Administration (“OSHA”), California Department of Public Health (“CDPH”), and San Diego County Public Health Services (“SDPHS”) guidelines to protect students during this time.

To reduce the spread of COVID-19, I understand and agree that I must follow all safety measures to lower and prevent the risk of spreading COVID-19. In that regard, I understand and agree to comply with the following procedures:

- I agree to conform to all Cal Coast Academy practices, rules, and regulations relating to COVID-19 school place safety protocols.
- I agree to report all unsafe conditions or violations of the COVID-19 Safety Procedures to the Head of School or other Leadership Team member to minimize the potential of infection to my fellow students.
- I agree to self-screen daily before getting to school for any of the following new or worsening symptoms of possible COVID-19. Below is a list of symptoms currently reported. Check the CDC website or your healthcare provider for the most current information.
  - Fever
  - Shortness of breath
  - Diarrhea
  - Chills
  - Difficulty breathing
  - Loss of taste and smell
  - Cough
  - Muscle pain
  - Sore throat
- I agree that if I am experiencing any symptoms listed above, I **WILL NOT** come to school and will contact my healthcare provider for guidance and notify the Head of School of the needed absence.
- I will immediately notify the Head of School if I become aware that I have been exposed to COVID-19 and/or if I develop COVID-19 symptoms.
- I agree to submit to school-administered temperature screenings if requested.
- I will rigorously practice hand hygiene, cough etiquette, cleanliness, and sanitation. I will honor all COVID-19 related school protocols to reduce risk to my fellow students, teachers, and administrators.
- I will wash or disinfect hands while at school and after any interaction with other students, other constituents, faculty, staff, or items in the workplace.

- If required by State, Local ordinances and/or the school, I agree to consistently and correctly wear an appropriate face covering when interacting in-person with any member of the public, learning in any space visited by members of the public, learning in or walking through common areas, such as hallways, and parking facilities, learning in any room or enclosed area where other people are present and unable to physically distance.
- I will observe physical distancing practices to the best of my ability by staying at least six feet away from others, and will avoid physical contact entirely (e.g. handshakes, high-fives, fist bumps).
- I will minimize the amount of time spent outside of my designated classroom areas.
- I will avoid gathering in common areas.
- I will not share food or prepare food for others in the kitchen.
- I will maintain classroom cleanliness through removal of unnecessary personal items and debris to create clean counter spaces and support of cleaning efforts on common surfaces.
- I confirm that I, and those who live with me, have not displayed, or currently have, any of the symptoms that are representative of COVID-19, which are outlined above.
- I confirm that, to the best of my knowledge, in the past 14 days I have not come into close contact with anyone who appeared to me as displaying, or having, any of the symptoms that are representative of COVID-19, which are outlined above.
- I confirm, to the best of my knowledge, that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days.
- I agree to notify the Head of School via email of travel outside San Diego County with my dates of travel and destination. I agree to use PPE at school at all times for 14 days after my return.
- I agree that if I, or anyone who lives with me, or anyone who I have had close contact with, begins to display or is tested positive for the coronavirus, that I will immediately advise the Head of School and will self-quarantine.
- If I become ill while at school, I will notify the Head of School and leave the school campus immediately. I will update the Head of School as to my health status as it changes.
- If I become ill, I will be 3 days symptom-free before returning to school and at least 10 days have passed since my symptoms first appeared.
- If I test positive for COVID-19, I will notify the school immediately and may be asked to communicate with local health departments to begin contact tracing procedures. I will not return to school until:
  - Symptomatic: At least 72 hours have passed since recovery, which includes resolution of fever without medication; and improvement in respiratory symptoms; and at least 10 days have passed since symptoms first appeared.
  - Asymptomatic: 10 days have passed since my positive test (assuming no symptoms have arisen since that test; if symptoms have arisen, follow symptomatic guidelines).

- I will utilize the school's online learning platform and will continue my classes with my teachers from home if I, someone I have come in contact with, or someone in my household tests positive for COVID-19.
- I agree to use whatever PPE is deemed necessary, as mandated by Federal and/or Local authorities or required by the school, in order to receive on campus, in-person learning.
- I understand that any of my diagnoses or health updates provided to the school will be handled in a confidential manner within the confines of local and state health department regulations for pandemic protocols.
- I affirm that neither myself, not anyone I have had contact with, have traveled outside of the country within the last 30 days.
- I affirm that neither myself, nor anyone I have had contact with, have been diagnosed with COVID-19 within the last 30 days.

**I HAVE READ AND UNDERSTAND THE ABOVE ITEMS AND REALIZE THAT FAILURE TO FOLLOW THESE RULES MAY BE GROUNDS FOR DISMISSAL OR OTHER DISCIPLINARY ACTION. IF ANY OF THE FACTS ABOVE CHANGE, I AGREE TO NOTIFY THE HEAD OF SCHOOL IMMEDIATELY.**

**BY SIGNING BELOW, I ACHNOWLEDGE THAT I UNDERSTAND AND AGREE TO ADHERE TO THIS CONTACT AND THAT THE ABOVE INFORMATION HAS BEEN COMPLETED THOROUGHLY AND HONESTLY.**

**I ACKNOWLEDGE AND FULLY ASSUME THE RISK OF PERSONAL INJURY, WRONGFUL DEATH, PROPERTY DAMAGE, AND OTHER DAMAGES, CLAIMS, OR LOSS TO ME OR MY PROPERTY THAT MAY OCCUR WHILE AT THE CAL COAST ACADEMY SCHOOL CAMPUS, INCLUDING BUT NOT LIMITED TO EXPOSURE TO COVID-19 ARISING FROM BEING ON THE SCHOOL PREMISES.**

**I AND MY FAMILY, REPRESENTATIVES, AND ASSIGNS HEREBY RELEASE, WAIVE, AND DISCHARGE CAL COAST ACADEMY AND ITS PRINCIPAL/OWNER, EMPLOYEES, AGENTS, SUCCESSORSS, AND REPRESENTATIVES FROM ANY CLAIMS, DAMAGES, OR LOSS TO ME OR MY PROPERTY FOR PERSONAL INJURY, WRONGFUL DEATH, PROPERTY DAMAGE, OR ANY CLAIMS WHATSOEVER, INCLUDING BUT NOT LIMITED TO LIABILITY RELATED TO COVID-19, TO THE FULLEST EXTENT ALLOWED BY LAW.**

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Student Signature

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Parent Signature

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Student Name

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Parent Name

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Date

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Date