



COVID Parent Statement

(One for each child.)

Child's name _____

I affirm the following statements to be true regarding my child nor anyone residing or visiting our household within the last seven (or stated otherwise) consecutive days:

- Has NOT had a fever of 99.9 degrees or higher
- Has NOT shown additional symptoms of a respiratory infection such as cough, shortness of breath, loss of smell, body aches, dry cough, nasal congestion or rhinorrhea, diarrhea, tightness in the chest, nausea/vomiting, fatigue, headache, myalgia, poor feeding or poor appetite, sore throat, and any symptoms know to possibly be influenza or COVID – 19 variant in the last 14 days
- Has NOT encountered anyone who has a confirmed diagnosis of Influenza, or COVID-19 variant in the last 14 days
- Has NOT encountered anyone who is ill with a respiratory illness
- Has NOT traveled internationally or to other US States
- Has NOT encountered anyone who has traveled internationally or to other US States

I affirm that either myself or another adult will be prepared to pick up my child within 30 minutes of being notified if they have developed a fever of 99.9 or higher or show symptoms described above while present at preschool.

I understand that if my child must leave preschool due to illness or has experienced any of the above-noted circumstances; the following must take place to resume daily attendance:

1. If my child shows any of the following symptoms, I WILL NOT send my child to preschool. My child must be symptom-free without medication for 24-48 hours of any illness or with an official examination from a medical professional stating that the child is free of disease by the date my child can return to preschool.

➤ Symptoms are as follows but not limited to:

Excessive running nose, fever of 99.99F or greater, excessive coughing, excessive sneezing, nasal congestion, nausea/vomiting, or any typical signs of the flu virus.

2. If my child has been exposed to a confirmed case of the COVID-19 variant or symptomatic person(s), I WILL NOT send them to preschool for at least 14 days.
3. Suppose my child has symptoms or has been confirmed by a medical professional to have Influenza or a COVID-19 variant. In that case, my child will need an official examination notice stating the child is free of illness with the date my child can return to preschool.

I understand that if my child is absent for any period due to any reason that falls under the COVID pandemic season (i.e., the child contracts the illness, the parent is laid – off/furlough, and preschool closings), I will still be expected to pay the total weekly tuition amount as contracted.

I have reviewed and understand the preschool's COVID Policies, and Procedures Guidelines and the infectious disease protocol provided to me.

By providing my signature, I am attesting to the best of my knowledge that my child/ren is/are free and clear of any current symptoms that would threaten the spreading of Influenza or COVID-19 variant to anyone present in the preschool.

Parent/Guardian Signature

Date