

COVID-19 PARENT/STUDENT ACKNOWLEDGMENT

STUDENT NAME(S) *Print:* _____

SCHOOL: _____ St. Joseph School, Lincoln, NE

PARENTS/LEGAL GUARDIANS *Print:* _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is a contagious virus. COVID-19 can cause serious illness, and even death. As a result, the School has taken additional safety measures to reduce the spread of COVID-19. Even with implementation of additional safety measures, the School cannot guarantee you or your child ("Student") will not become infected with COVID-19.

I have read and understand the above warning concerning COVID-19. I am fully aware of the risk of my child or myself contracting COVID-19 while attending School or utilizing School facilities. I understand that the School cannot guarantee my child ("Student") will not be exposed to or infected with COVID-19 as a result of her/his attendance at School or use of the School facilities. Understanding this, I assume the risk on behalf of my child ("Student") and myself of contracting COVID-19 and any consequences resulting therefrom.

DAILY COVID-19 SCREENING.

I agree to conduct a daily COVID-19 screening of my child ("Student") by reviewing each of the following questions with my child before she/he arrives at School each day:

1. Do you have one of the following?

- Fever of over 100.4 degrees Fahrenheit
- Onset of shortness of breath or difficulty breathing
- New onset of dry cough
- New onset of loss of taste or smell

2. Do you have two (2) or more of the following?

- Chills longer than two (2) hours
- Congestion and/or runny nose
- Nausea, Vomiting or Diarrhea
- Sore throat
- Headache
- Muscle Pain

3. Have you had close contact with someone who tested positive for COVID-19? Close contact means longer than 15 minutes within 6 feet without a face covering or residing with someone who is positive for COVID-19.

4. Have you been directed to self-isolate due to a positive COVID-19 result or for having contact with someone with COVID-19?

I agree that if the response to any of the above four (4) questions is “YES”, I will not send my child to School and will advise the School promptly of the reason for her/his absence.

I understand conducting the above daily screening before bringing my child to School is a vital tool to prevent the spread of COVID-19 at the School and in the community.

RETURN TO SCHOOL.

I agree that if my child’s answer to any of the above daily COVID-19 screening questions is “YES”, I will not bring my child back to School until she/he has completed the quarantine and recovery criteria required by the School, in consultation with the local health department.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS ACKNOWLEDGEMENT RELATING TO CORONAVIRUS/COVID-19. I ACKNOWLEDGE I HAVE HAD THE OPPORTUNITY TO CONSULT WITH MY HEALTH CARE PROVIDER REGARDING THE RISKS ASSOCIATED WITH COVID-19 AS A RESULT OF MY CHILD’S ATTENDANCE AT SCHOOL AND USE OF THE SCHOOL’S FACILITIES.

I am the parent or legal guardian of the above listed Student. I have the legal right to consent to and, by signing below, I do hereby consent to the terms and conditions listed above on behalf of myself and my child (“Student”).

Parent/Legal Guardian: _____(Sign)

Date: _____

Parent/Legal Guardian: _____(Sign)

Date: _____