



Acknowledgement of Parent Responsibilities Regarding Operations During COVID-19 Pandemic

I voluntarily accept that the risk of my child and my family members being exposed to, contracting and or spreading COVID-19 in order for my child to attend St. Francis Creche Preschool.

I agree that staff may take my child's temperature each day when entering school.

I agree to screen my child each day prior to sending him/her to school for the following symptoms:

- Feeling feverish and/or having chills (documented fever at or above 100.0)
- A new cough or cold not due to another health condition
- Fatigue (more tired than usual)
- Nasal congestion or runny nose
- Sore throat
- New muscle pain not due to another health condition
- Headache
- Abdominal pain, nausea, diarrhea, or vomiting
- New loss of taste or smell

I will not send him/her to school if they have had any fever-reducing medication within the last 24 hours prior to being dropped off for school.

I will promptly notify St. Francis Creche Preschool if a case of COVID-19 has been diagnosed in my child, any member of my household, or any persons that my household members have been exposed to. (Exposure is defined as individual exposures to an individual who tested positive for COVID-19 for 15 minutes or more. Exposure time is added together over a 24-hour period.)

We require that both parents and/or guardians sign below.

Printed Name _____ Signature _____

Printed Name _____ Signature _____

Date: _____

Received in office by _____ on _____