



## COVID-19 PUBLIC HEALTH EMERGENCY ATTENDANCE PROCEDURES PARENT ACKNOWLEDGEMENT AND DISCLOSURE

Please read and initial each statement below and sign at the end.

1. \_\_\_\_\_ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the MVA school building during drop off and dismissal beyond the designated drop-off and pick up area.
2. \_\_\_\_\_ I understand that this procedure change is for the safety of all persons present at the school and to limit the risk of exposure.
3. \_\_\_\_\_ I understand that it is my responsibility to inform any EMERGENCY CONTACT person of the COVID-19 procedures and information contained herein.
4. \_\_\_\_\_ I understand that while at MVA, I must practice social distancing and remain 6ft apart from all other people, except for my own child.
5. \_\_\_\_\_ I understand that to enter MVA premises my child must be free from COVID-19 symptoms. If during the day any of the following symptoms appear, my child will be separated from the rest of the children and will be contacted, and my child MUST be picked up within 30 minutes of being notified.

### Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Headache
- Cough
- Congestion or runny nose
- Shortness of breath or difficulty breathing
- Chills
- Loss of taste or smell
- Sore throat
- Muscle or body aches
- Fatigue
- Red rash
- Diarrhea
- Vomiting or Nausea

While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this Public Health Emergency for the safety of everyone. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medication for 72 hours before returning to MVA.

6. \_\_\_\_\_ I understand that my child's temperature will be taken upon entering MVA.
  7. \_\_\_\_\_ I understand that my child will be required to wear a mask during their time at school.
  8. \_\_\_\_\_ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm water and rubbing with soap for at least 20 seconds.
  9. \_\_\_\_\_ I understand that my child is not permitted to share food with others, including snacks or drinks from home, restaurant, or in-store items.
  10. \_\_\_\_\_ I will immediately notify MVA if I become aware of any person with whom my child or I have had contact with ...
- Exhibits any of the symptoms listed above
  - Is advised to self-isolate, quarantine, has tested positive or is presumed positive for COVID-19

11. \_\_\_\_\_ I will immediately notify MVA if I, my child, or any person in my household test positive for Covid; in addition, I agree to quarantine my child for a period of seven (7) days from the onset of symptoms.

12. \_\_\_\_\_ I understand that while present at MVA, my child will be in contact with children and staff who are at risk of community exposure.

13. \_\_\_\_\_ I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19, as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection.

14. \_\_\_\_\_ I understand that I play a crucial role in keeping everyone at MVA safe and reducing the risk of exposure by following the practices outlined herein.

I, \_\_\_\_\_ certify that I have read, understand, and agree to  
(Fill in name)  
comply with the provisions listed herein.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Head of School: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_