

COVID 19 Parent Agreement

Center: _____ Classroom: _____

CHILD COVID-19 SCREEN

Does your child have any of these symptoms?

- Fever (body temp. above 100.4° Fahrenheit) or chills
- Persistent Cough
- New loss of taste or smell
- Changes in the skin, such as discolored areas on the feet and hands
- Sore throat
- nausea, vomiting, belly pain or diarrhea
- Muscle aches and pain
- Unexplained fatigue
- New severe headache
- New Runny nose or Congestion (ONLY in conjunction with other symptoms)

If your child is experiencing any of these COVID-19 symptoms, your child should stay home. Please call their medical provider for further guidance.

Please answer the following questions

DAILY: Stay Home, call child's PCP

- Has your child come into *contact with anyone who has **tested positive** with COVID-19 in the past 10 days?
- Has a medical provider recommended your child be tested for COVID-19 in the past 10 days?
- Has your child taken any fever reducing medication or been to **Urgent Care/ER** in the past 24 hours?
** within 6 feet for a combined total of 15 minutes, had direct physical contact, shared eating or drinking utensils, been sneezed or coughed on.*

If you have answered yes to any of these questions, your child should stay home. Please call your child's medical provider for further guidance.

- I know I must pick up my child **within 15 minutes** if they become ill within the school day and can not actively participate.
- I have been informed that the current expectation by Head Start and Child Care Licensing is that all staff in childcare and children age 2 and up are required to wear a face mask.
- I will wear a mask at drop off & pick up at my child's school. Also, I will inform any person dropping off & picking up my child of this requirement.
- I will arrive at my child's center at my scheduled time every day and understand that access to centers will be limited to a parent and child at drop off and pickup while maintaining 6 feet of distance from others while waiting in and outside of Promise Centers.
- I will update all emergency contact information if any has changed i.e. phone numbers, address and place of employment with staff. You will be asked daily for emergency phone contact information.
- I know that my child's temperature will be taken by a classroom teacher 15 minutes after arrival.

Childs Name: _____ Classroom: _____

Parent/Guardian Signature: _____ Date _____

Staff Signature: _____ Date _____