

St Francis Day School Community Health Commitment

SFDS's health policy states families should not send your child to school if they are sick. As we are faced with life during a pandemic, each family commits to this practice as well as additional requirements to promote health, wellness, and safety. The symptoms of COVID-19 include, but are not limited to fever, chills, headache, sore throat, new cough, shortness of breath, unusual fatigue, body/muscle aches, loss of taste/smell, congestion, runny nose, nausea, vomiting and diarrhea. In order to begin school, all parents/guardians must sign this document below before starting school.

My initials beside each requirement and signature below indicates that my family agrees to these additional health expectations to ensure the well-being of our community.

_____ I will comply with each procedure/item stated in the <F:\Desktop\Downloads\2021-2022 Parent Handbook.doc> for the 2021-2022 school year. I understand that for the safety of all our children and families, failure to comply is grounds for dismissal from the preschool without a refund of tuition or fees.

_____ I will follow the drop-off procedures and timing and I will NOT send my child to school with a fever (100.4 degrees or greater), chills, loss of sense of smell or taste, new cough, or shortness of breath.

_____ If my child tests positive for COVID-19, he/she will not return to school until ALL of the following are met: (1) fever free for 24 hours (2) improvement in symptoms (3) 10 days since diagnosis.

_____ If my child displays symptoms of COVID-19, but is not tested, he/she will not return to school until ALL of the following criteria are met: (1) fever free for 24 hours (2) improvement of symptoms (3) 10 days have passed since initial symptoms occurred.

_____ My child will not attend school if he/she has been in close contact (within 6 ft for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19. I will contact my physician and my child will quarantine for at least 14 days.

_____ My child will not attend school if he/she exhibits difficulty breathing or is receiving repeated breathing treatments (nebulizers, inhalers) during the day. This does not include inhalers used for exercise-induced asthma. I understand that difficulty breathing can be a serious COVID-19 symptom.

_____ My child will be free from vomiting, diarrhea, abdominal pain and upset stomach 24 hours before returning to school.

_____ Because various symptoms can mimic COVID-19, I agree to err on the side of caution and not send my child to school if he/she is experiencing multiple minor symptoms including sneezing, scratchy throat, headache, runny nose, irritated or red eyes, itching, or rash.

_____ I agree to notify SFDS if my child or a member of my household is being tested for COVID-19. In addition, I agree to notify SFDS of the results of COVID-19 testing for my child/household member within 24hr of receipt.

_____ I will make myself aware of any quarantine or other COVID-19 requirements that may be in place anywhere my child travels and I agree to follow these requirements.

_____ We agree to follow CDC & NCDHHS guidelines for gatherings. If we choose not to do so, we agree to keep our child(ren) home for a period of 14 days following the gathering.

_____ If my child/family travels outside the area or engages in holiday festivities without following strict CDC & NCDHHS protocols, we will wait two weeks at home before returning to school, in order to keep our community safe from potential spread.

_____ I pledge to pick up my child from school within 30 minutes of being notified by a staff member that my child has developed the symptoms listed above during school hours. I understand that my child will not be allowed to return to school until he/she is symptom-free without medication for 72 hours.

Name of parent/guardian

Signature of parent/guardian

