



Families
COVID-19 ACKNOWLEDGMENT AND
DISCLOSURE 2021-2022

Reveille Weekday School Families: Please initial each statement below.

1. _____ I understand that during this COVID-19 & variants Public Health Emergency, I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST sanitize my hands before entering and answer a few health related questions. While in the facility I must practice safe distancing from all other people, except for my own child.
3. _____ I understand that to enter upon the facility 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 people in the facility. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include, but are not limited to

- Fever of 100.0 degrees Fahrenheit or higher
- Dry cough
- Shortness of Breath
- Flu-Like Symptoms (headache, chills, muscle aches)
- Loss of taste or smell
- Sore Throat
- Increased Congestion or Runny Nose
- Gastrointestinal Symptoms (nausea, vomiting or diarrhea)

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. These symptoms typically appear 2-7 days after being infected so please take them seriously. If your child exhibits any of the symptoms above, they must be fever free without any fever reducing medications for a minimum of 48 hours, before returning to the facility with a doctor's note or a negative COVID-19 test. If the child's symptoms do

not include a fever, they must be symptom free for a minimum of 24 hours. Please visit CDC website <https://www.cdc.gov/> for any updates to these guidelines.

4. _____ I understand that my child's temperature will be taken throughout the day, if needed while on facility premises.
5. _____ I understand that at this time, if my child is over the age of 2 1/2, Reveille Weekday School is strongly recommending children wear a facial covering while indoors. Teachers, parents and visitors to the school are required to wear a facial covering while indoors, regardless of vaccination status.
6. _____ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
7. _____ I understand that outside of school, in order to control my child's exposure in the community, I will comply with any and all CDC, state, county or local stay-at-home orders, distancing procedures and travel safety recommendations.
8. _____ I will immediately notify Reveille Weekday School if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
9. _____ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. 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. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Reveille Weekday School may be subject to withdrawal from the program as deemed by the Director of Reveille Weekday School in consultation with the Weekday Programs Board.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent Signature

Date

Parent's Name: _____

Parent Signature

Date

Director, Reveille Weekday School

Date

Revised August 10, 2021