

Scottsdale Unified School District

Student Name: _____ Grade: _____
School: _____

Parents: Please Be Our Partner in Illness Prevention

COVID-19 Parental Acknowledgment and Disclosure

Each statement below should be read and initialed by either a parent or the child's guardian. **Signature by a parent or the child's guardian is required.**

1. _____ I understand that during this COVID-19 public health emergency, I will NOT be permitted to enter the facility/school beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present at the facility/school and to limit to the extent possible everyone's risk of exposure.
2. _____ I understand that it is my responsibility to inform other members of my household of the information contained herein.
3. _____ 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 wash my hands and wear a mask before entering. While in the facility, I will practice social distancing and remain 6 feet from all other people, except for my own child.
4. _____ I understand that in order to attend school, 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 class and moved to a supervised, secure area. I will be contacted, and my child MUST be picked up within 1 hour of being notified.

Daily: Check your child's temperature (without the use of Tylenol, Ibuprofen or other fever reducing medication) prior to coming to school. ***Students with a temperature of 100 degrees and higher are not able to attend school.*** Verify that your child is symptom-free, does not look or feel sick.

Symptoms include:

- Fever over 100 degrees Fahrenheit or higher
- Chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Rash or hives
- Any other symptom of illness whether or not you believe it's related to COVID-19

While the District understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency.

Symptoms typically appear two (2) to fourteen (14) days after being infected. If your child presents with any of the COVID-19 symptoms they will be asked to stay home for a period of ten (10) days. Your child can return to school prior to the end of those ten (10) days if he or she has a negative COVID-19 test result. Otherwise, your child will be out of school for ten (10) days and can return when he or she is fever free for at least twenty-four (24) hours with no fever reducing medication and no additional symptoms at the end of those ten (10) days.

5. _____ I understand that as the parent/guardian, I will need to take my child's temperature prior to coming to school. I understand that, as the parent/guardian, I must also conduct daily self-screening of my child for symptoms prior to the child arriving at school.
6. _____ I understand that over the course of the school day, my child's temperature may be taken.
7. _____ I understand that my child will be required to wash their hands throughout the day using CDC-recommended handwashing procedures.

8. _____ I understand that my child must wear a face covering throughout the day according to the protocols established by the District.
9. _____ I will immediately notify the Site Point of Contact if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines “close contact” as being within 6 feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.
10. _____ The Site/District will continue to follow the guidelines of both the CDC and state and local officials. As changes occur, parents and guardians will be notified. The Site Point of Contact will be School Nurses who will be working in conjunction with Maricopa County Department of Public Health if a student contracts COVID-19 to help make crucial decisions on next steps.
11. _____ I understand that, while present at school each day, my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19. I understand that the members of my family play a crucial role in keeping everyone at school safe and reducing the risk of exposure by following the practices outlined herein.
12. _____ Please understand the need to be immediately accessible by phone during the school day.
- We will require timely pick up from school if your child is sick. Students should not be kept on campus past one hour after arrival to Nurse’s Office or upon complaints of symptoms. This provides a safe environment in the Nurse’s Office if we can minimize exposing others on campus.
13. _____ Plan to leave list of approved adults for timely pick up if parent unavailable for pick up.
14. _____ If student has fever or a communicable disease diagnosis, student will not return to school unless guidelines set forth by Arizona Department of Health Services or Maricopa County

Department of Public Health are met. Communication with the School Nurse is required prior to return to school to verify guidelines adherence if your child has been diagnosed with COVID-19 or has COVID-19-like symptoms.

Please help protect the health and safety of others and keep your child home when they are sick.

15. _____ Remember: **HOME** is the first point on the screening continuum. Please pay attention to the listed symptoms and check with your child before sending them to school. SUSD encourages reporting of specific symptoms of illness to the school along with the healthcare provider if needed. Please indicate this specific reason for absence when placing your call to the attendance line. This allows for tracking of classroom and school trends of specific illnesses.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed herein. We have discussed the guidelines to attend school safely and commit to monitoring for illness symptoms daily before school.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____