



## Parent/Caregiver Compact

By signing this Compact, you are acknowledging that you understand and intend to adhere to health and safety protocols outlined below.

### Parent/Caregiver Agreements

As a parent,

1. I will send my children to school wearing their mask or facial covering and my children is/are aware that they need to wear their mask all day. They may take short breaks during certain activities, such as when eating, during instruction, and at the discretion of the teacher.
2. If my child has a condition that prohibits them from wearing a mask or facial covering I will request a School Based Support Team (SBST) meeting and provide any applicable documentation related to such restriction. A formal plan will need to be developed for any student unable to wear a mask or facial covering.
3. When possible I will take my children's temperature prior to going to school. If my child's temperature is 100°F or higher, I will keep my child home and let the school nurse know.
4. I will review the health screening questions (below) with my child(ren) daily. **If the answer is "yes" to any of these questions I will keep them home and contact the school nurse.**

#### Screening questions are:

- Does your child have a temperature of 100°F or higher?
  - Does your child have a new or worsening cough?
  - Does your child have congestion or a runny nose?
  - Does your child have a sore throat?
  - Does your child report feeling feverish or having chills?
  - Does your child have diarrhea, vomiting, or abdominal pain?
  - Does your child have a new onset of headache, especially with a fever?
  - Does your child have muscle or body aches?
  - Does your child have loss of taste or smell?
  - Has your child been designated a contact of a person that tested positive for COVID-19?
  - **In the past 10 days, have you/your child tested positive for COVID-19 OR are you waiting for a COVID-19 test result?**
5. Anytime I keep my child home due to symptoms of illness, I will contact the school nurse to discuss my concerns and review the requirements for my child to return to school.
  6. If my child has signs or symptoms of illness, I will arrange for my child to be picked up from school. My child will be picked up within a two-hour time frame.
  7. If my child has COVID-19 symptoms or is believed to have been exposed to COVID-19, the school will expect a note from a health care provider and proof of negative COVID (PCR) testing for my child to return. If I do not want my child tested or medically assessed, the school may require my child remain home for 10 days (at which time they will be provided with assignments & access to a certified teacher).

# Parent & Caregiver Compact

I acknowledge that I have read and understand the learning, health and safety protocols required for school attendance agree to abide by those expectations.

My child's name is: \_\_\_\_\_

My phone number is: \_\_\_\_\_

My address is: \_\_\_\_\_

Emergency contact information (name and phone number): \_\_\_\_\_

School Building: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Parent/Caregiver Name (Print)

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Please return this signature page to your child's school.*