



**Roosevelt School District
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 possibly 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 or a district program, 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 group and moved to a supervised, secure area. I will be contacted, and my child MUST be picked up within 1 hour of being notified.

Symptoms include:

- Fever of 100.4 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
- Any other symptom of illness, whether or not you believe it's related to COVID-19

While the District understand 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 to 14 days after being infected. Your child will need to be symptom-free, without any medication, for the last 72 hours of the quarantine (2-14 days) before returning to campus.

5. _____ I understand if my child tests positive for COVID-19, I will notify the School Nurse and isolate my child at home for a minimum of 10-14 days. I understand that my child will need to be

symptom-free, without any medication, for the last 72 hours of the quarantine (2-14 days) before returning to campus.

6. _____ I understand that as the parent/guardian, I will need to take my child's temperature prior to coming to school or the district program. 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.
7. _____ I understand that over the course of the day, my child's temperature may be taken.
8. _____ I understand that my child will be required to wash their hands throughout the day using CDC- recommended handwashing procedures.
9. _____ I understand that my child must wear a face covering throughout the day according to the protocols established by the District.
10. _____ I will immediately notify the School Nurse 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 a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated
11. _____ 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 of any updates. The School Nurse will contact Maricopa County Department of Public Health if any staff member or student contracts COVID-19 to help make crucial decisions on next steps.
12. _____ I understand that, while present at school or the district program 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.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed herein.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____