

## Salisbury Presbyterian Preschool

COVID-19 Parent Acknowledgement  
Acknowledgement and Disclosure  
2021-2022 School Year

Read and initial each statement below. Please remember SPP must consider the needs of all of the families and the children we serve. We appreciate your continue patience with all procedures put in place to maintain the level of health and safety necessary to operate our school.

1. \_\_\_\_ I understand that if I am to enter the facility beyond the designated drop-off and pick-up area I must wear a mask. While in the facility I will practice social distancing and remain 3ft from all other individuals except for my own child.
2. \_\_\_\_ I understand that to enter the facility my child must be free from COVID-19 symptoms and/or be a minimum of 10 days past a positive COVID diagnosis. If, during the day my child begins to display any of the following symptoms or begins to display obvious signs of unwellness he/she will be separated from their class and will be taken to the designated area to rest or play until he/she is able to be picked up. When I am notified, I understand my child must be picked up from the facility within 30 minutes of that notification.

Symptoms may include the following:

- Fever of 100.4 degrees Fahrenheit or higher
- A temperature of 99.5 degrees or higher and rising over a period of 30 minutes
- Cough, especially a new cough
- Chills
- Shortness of breath
- Fatigue/ muscle aches
- Sore throat
- Nausea
- Congestion or runny nose
- Diarrhea
- Loss of taste or smell
- Headache

While we understand that many of these symptoms can also be related to non COVID-19 issues, we must proceed with an abundance of caution during this Public Health Emergency. The symptoms typically appear 2-14 days after being infected so please take them seriously. Your child will need to be symptom free for \*24 hours before returning to the facility.

***\*The 24-hour period begins 4-6 hours following the last dose of medication your child receives to help alleviate their symptoms***

3. \_\_\_\_ I understand that my child may be asked to wear a mask.
  
4. \_\_\_\_ 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 to the COVID-19 virus. 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.
  
5. \_\_\_\_ I understand if anyone in our household believes it is necessary to be tested for COVID-19 because of one's personal symptoms or a potential exposure to a family member, my student will not be able to attend preschool until the test result is known to be negative, and/or my student has quarantined for 14 days and is symptom free.
  
6. \_\_\_\_ I understand if once my student has been dropped off at preschool, and it is determined an individual within our household needs to be tested for the COVID-19 virus, I will have my student picked up from school immediately following that determination.

Parent signature below (both if possible):

We, \_\_\_\_\_, \_\_\_\_\_ certify that we have read, understand, and agree to comply with the provisions listed herein. I acknowledge that the failure to act in accordance with the provisions listed herein or with any other policy or procedure outlined by Salisbury Presbyterian Preschool could result in possible removal from our program.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_