

## COVID-19 ACKNOWLEDGEMENT AND WAIVER OF LIABILITY FORM

This should be initialed and signed by BOTH parents

Please read and initial each statement below.

1. \_\_\_\_ \_\_\_\_ I understand that during this COVID-19 Public Health Emergency, parent/caregiver will NOT be permitted to enter the facility beyond the designated drop-off and pick-up areas. 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 parent/caregiver to enter the facility beyond the designated drop-off and pick-up areas, their temperature will be taken. If temperature is above 100.4 degrees Fahrenheit, the child will be brought to parent/caregiver. Parent/caregiver MUST sanitize hands with an approved hand sanitizer before entering and then wash hands according to CDC guidelines upon entry into the building. Masks must be worn. While in the facility, parent/caregiver must practice social distancing and remain 6ft from all other people, except for own child.
3. \_\_\_\_ \_\_\_\_ I understand that my child cannot attend school for a period of time (**see attached CDC guidance on Covid-19**) if diagnosed with Covid-19. 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 brought to the Director's Office. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include:

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

MNS understands that many of these symptoms can also be related to non-COVID-19 related issues, however, we must proceed with an abundance of caution during this Public Health Emergency.

**Please see attached CDC guidance on Covid-19.**

4. \_\_\_\_ \_\_\_\_ I understand that each child and staff member's temperature will be taken during the day while on facility premises.
5. \_\_\_\_ \_\_\_\_ I understand that in accordance with OEC guidelines, children will not be required to wear masks while on the premises. Any parent may send their child to school wearing a mask and teachers will do their best to have children comply with those wishes. All teachers will be required to wear a mask/shield.
6. \_\_\_\_ \_\_\_\_ I understand that my child will be required to use hand sanitizer at the entry door and will proceed to the lavatory to wash their hands using CDC recommended handwashing procedures upon arrival and throughout the day using warm running water and rubbing with soap for at least 20 seconds.

7. \_\_\_\_ \_\_\_\_ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all federal, state, county or local stay-at-home orders. My child and I will practice all recommended social distancing, exposure limiting practices recommended by the CDC, OEC, federal, state, local agencies. I will follow any recommendations from the CDC, other federal, state, county or local agencies that limits my child's risk for exposure including wearing a mask in all public areas.
  
8. \_\_\_\_ \_\_\_\_ I will immediately notify the Methodist Nursery School administration if I become aware of any person with whom my child or I have had contact has been 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 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 acknowledge that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of Methodist Nursery School.

In such consideration for child care services to be provided by Methodist Nursery School, the undersigned, for myself and my minor children enrolled in the Program, fully acknowledge all the above statements and assume all of the risks associated with participation in the Program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THIS DOCUMENT AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, AND DISCHARGING METHODIST NURSERY SCHOOL AND ITS BOARD OF DIRECTORS, DIRECTOR, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS. MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS STATED IN THIS DOCUMENT.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

Child's Name: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 2 Signature

\_\_\_\_\_  
Date

# CDC Guidance on Covid-19 – Updated July 16, 2020

## I think or know I had COVID-19, and I had symptoms

You can be with others after

- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without fever-reducing medication **and**
- Symptoms have improved

Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you are tested, you can be around others when you have no fever, respiratory symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

## I tested positive for COVID-19 but had no symptoms

If you continue to have no symptoms, you can be with others after:

- 10 days have passed since test

Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.

If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID, and I had symptoms."

## For Anyone Who Has Been Around a Person with COVID-19

It is important to remember that anyone who has close contact with someone with COVID-19 should stay home for 14 days **after exposure** based on the time it takes to develop illness.