



Parental Health Agreement

Child's Information:

Child's Name: _____ Sex: _____ Date of Birth: _____

Parent/Guardian Information:

Name(s): _____

Relationship: _____

Address: _____

Email Address: _____

Cell Phone: _____ Secondary Phone: _____

In response to the Covid-19 Pandemic, Colonial Preschool will be adopting the following procedures during this time.

I, _____, parent of _____, have read the following statements.

The Administration and Staff of Colonial Presbyterian Child Development Center take the health and safety of each child and each adult seriously. As such, we will continue to closely adhere to all regulations set forth by the Kansas Department of Health and Environment and the CDC to do our best to provide a clean and safe experience for each child and adult within our care. We understand the fluidity of Covid-19 and will closely monitor any and all recommendations put forth by KDHE and the CDC. Our actions will include, but are not limited to:

- All staff will be given a temperature check upon arrival and when leaving for the day
- All children will be given a temperature check upon arrival and at least one other time during the day
- Staff will closely monitor children's behavior and appearance for any signs of illness throughout the day
- All staff will wash hands throughout the day and use hand sanitizer as needed
- Staff will ensure all children wash hands frequently throughout the day and will seek to maintain social distancing as possible
- Staff will not be allowed to work if they or any member of their family exhibits symptoms of Covid-19
- Staff will sanitize and disinfect classrooms before and after school and throughout the day
- Staff will complete Covid-19 questionnaire at the beginning of each week

I, _____, parent of _____, agree to the following statements.

_____ I will closely monitor my child's health and keep them home for at least 24 hours if they develop a fever over 100.4°, develop a sudden cough, have shortness of breath, difficulty breathing, sudden loss of taste or smell, runny nose, sore throat, diarrhea, vomiting or nausea.

_____ I will pick up my child from the school should they develop a sudden cough, shortness of breath or any two of the following symptoms: fever, chills, headache, runny nose, sore throat, diarrhea, vomiting or nausea

_____ I will make the school aware should anyone in our home develop fever, a sudden cough, shortness of breath and/or a sudden loss of taste or smell

_____ I will advise the school if anyone in my household is diagnosed with Covid-19 and will keep my child at home for up to 24 days after exposure

_____ I will advise the school if anyone in my household travels out of the country and will follow any current restrictions of other states or regions if necessary

Parent Signature

Date