

**COVID-19 ACKNOWLEDGEMENT AND RELEASE**

Please read and initial each statement below. This should be initialed and signed by BOTH parents.

1. \_\_\_\_\_ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility. 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 or caregivers of the information contained herein.
2. \_\_\_\_\_ I understand that IF there is an emergency requiring me to enter the facility I MUST wash my hands and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.
3. \_\_\_\_\_ I understand that to enter the facility 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 people in the center. I will be contacted, and my child MUST be picked up 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

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during the Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. \_\_\_\_\_ I will immediately notify SPBP Director if I become aware of any person with whom my child or I have had direct contact has tested positive, or is presumed positive for COVID-19.
5. \_\_\_\_\_ I understand that while present in the facility each day my child will be in contact with children and employees who are 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, \_\_\_\_\_ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein or with any other policy or procedure outlined by Sandy Plains Baptist Preschool could result in termination of preschool enrollment.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Children’s names enrolled at SPBP \_\_\_\_\_