



Our Lady Star of the Sea School
PO Box 560, 90 Alexander Lane
Solomons, MD 20688
Phone (410) 326-3171

Pastor: Father Ken Gill
Principal: Mrs. Jennifer Thompson

OLSS COVID-19 ACKNOWLEDGMENT FORM FOR PARENTS/GUARDIANS

This acknowledgment form must be agreed to and signed by the parent/guardian.

School: Our Lady Star of the Sea School

Student(s): _____

Please initial each statement below:

- _____ I am aware of symptoms associated with COVID-19: New onset cough/shortness of breath, fever over 100.0, loss of taste of smell, headache, runny nose/congestion, body aches, chills, diarrhea/nausea/vomiting, sore throat.
- _____ If my child(ren) or any family member in the home test positive for COVID-19, I ensure isolation according to local health department directives. Once released from isolation, a note from the healthcare provider indicating it is safe to return will be provided if indicated.
- _____ If my child(ren) develop symptoms associated with COVID-19 (New onset cough/shortness of breath, fever over 100.0F, loss of taste of smell, headache, runny nose/congestion, body aches, chills, diarrhea/nausea/vomiting, sore throat.) I will keep my child(ren) home from school, immediately contact the school to inform of symptoms, and if testing is deemed appropriate I will complete ONE PCR test or TWO rapid tests AT LEAST 48 HOURS APART (no sooner) and obtain and submit negative results before returning to school. **Under no circumstances may a student return to school when a test is pending.**
- _____ If a member in the household of my student develops symptoms associated with COVID-19 (New onset cough/shortness of breath, fever over 100.0F, loss of taste of smell, headache, runny nose/congestion, body aches, chills, diarrhea/nausea/vomiting, sore throat.) I will inform the school immediately and keep my child(ren) home from school until proof of negative testing occurs IF they are developmentally unable to practice strict social distancing and masking protocols (this includes Pre-K, Kindergarten, and any other student identified by teacher or staff that does not maintain proper distancing and masking).
*For this reason, the school needs to be made aware at time symptoms begin not AFTER testing occurs to determine proper safety precautions for the student and their class.

_____ I understand my children will be subjected to multiple temperature checks and health assessments throughout the school day including but not limited to: prior to exiting the vehicle or bus at drop off in the morning, snack time, and end of the day. IF a child presents with COVID-like symptoms stated above they will not exit the vehicle and will be sent home immediately. If a child presents with symptoms at the end of the school day they will be asked not to return the following day and be further evaluated. (We highly recommend checking temperatures and assessing for changes in students prior to leaving for the school day).

_____ Please review and initial that you understand the following OLSS protocols:

IF a student presents at any time during the school day with a temperature at or above 100.0F, and or shows signs of the following symptoms, they will be sent to the Convent for isolation with the school nurse or staff member.

STUDENTS WILL BE SENT HOME FOR ANY ONE OF THE FOLLOWING:

- New onset cough/shortness of breath
- Fever over 100.0F
- Loss of taste or smell

STUDENTS WILL BE SENT HOME FOR ANY TWO OF THE FOLLOWING:

- Headache
- Runny nose/congestion
- Body aches
- Chills
- Diarrhea/nausea/vomiting
- Sore throat

Parent will be contacted and expected to pick up the student **within 30 minutes of phone call**. PLEASE have an emergency back up contact that is able to pick up a student within this time frame as the nurse or staff member must remain with the student in isolation until the parent/guardian arrives which prohibits the ability to attend to other students that may be in need.

Local health department will be contacted to alert for potential COVID symptoms and further instructions.

IF deemed appropriate by health department guidelines, student will remain out of school until the child tests negative for COVID **OR** completes 10-day quarantine if testing is declined.

Children can only utilize the virtual learning option during quarantine/isolation or when awaiting testing results.

Classroom will be shutdown if an outbreak occurs. An outbreak is considered any 2 positive cases in a classroom that are not siblings and can be linked.

Parent/Guardian Signature: _____

Date: _____