



COVID-19 PUBLIC HEALTH EMERGENCY SPECIAL PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE

In consideration for our family's continued enrollment in Quala Care Child Center I/we understand and agree to abide by these policies for the duration of the COVID-19 Public Health Emergency.

I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. 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.

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 separated from the rest of the people in the center. 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
- Nasal congestion or runny nose
- Cough
- Shortness of breath
- Loss of taste or smell
- Sore throat
- Muscle aches
- Headaches
- Nausea
- Diarrhea

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 this Public Health Emergency.

I understand that my child's temperature will be taken upon arrival at the facility.

I agree that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local regulations.

I will immediately notify Quala Care if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.

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. 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.



COVID-19 Special Program Attendance Acknowledgement, Release and Waiver of Liability

Child's Name: _____

Child's DOB: _____

We acknowledge that we received a copy of the COVID-19 Public Health Emergency Special Program Attendance Acknowledgement and Disclosure, and that we understand and agree to abide by these policies.

In consideration for our family's continued enrollment in Quala Care's programs and receipt of services from Quala Care we further agree as follows:

- We acknowledge that, if we choose to have our child enter Quala Care property and/or participate in Quala Care programs, we do so voluntarily and at our own risk and that we hereby release, waive, discharge and covenant not to sue Quala Care, its officers, agents or employees ("Releasees") from and for any and all liability claims, demands, actions and causes of action of any kind or nature, including, but not limited to, claims of negligence, arising out of, or related to any loss or personal injury, including death, that our child or any member of our family may sustain from contracting, or being exposed to COVID-19, as the result of, of in any way related to, our child or any member of our family entering Quala Care property or participating in Quala Care programs.

- This release and waiver of liability shall be governed by the laws of the State of Maryland. We agree that if any portion of this release and waiver of liability is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

- We acknowledge that this release and waiver of liability will be binding on our family members, spouse, heirs, assigns, personal representatives and anyone else entitled to act on our, or our child's, behalf to the extent and that my signature below shall be deemed as a release, waiver, discharge and covenant not to sue the Releasees to the extent set forth above.

- By signing below, we acknowledge that we have read and fully understand the release and waiver of liability as set forth above and have signed voluntarily and under our own free will. We agree to comply with all of the provisions listed herein and in the COVID-19 Public Health Emergency Special Program Attendance Acknowledgement and Disclosure.

Signature: Parent / Guardian #1

Signature: Parent / Guardian #2

Printed Name: Parent / Guardian #1

Printed Name: Parent / Guardian #2

*Please note that both parents/guardians must sign this form except in the case of single parent families. A completed form must be returned to the office prior to your child's return to the School.