



COVID-19 ACKNOWLEDGMENT AND DISCLOSURE

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 I will NOT be permitted to enter the school 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 school 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 me to enter the school beyond the designated drop-off and pick-up area I MUST wash my hands before entering or use hand sanitizer, remove my shoes and wear a mask. While in the school I must practice social distancing and remain 6ft from all other people, except for my own child.
3. \_\_\_\_\_ I understand that to enter upon the school 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 pick-ed up from the school within 30 minutes of being notified.

Symptoms include,

- fever of 99.5 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 this 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 48 hours before returning to the school.

4. \_\_\_\_\_ I understand that my child's temperature will be taken throughout the day while on school premises.



5. \_\_\_\_\_ I understand that my child of Elementary school age might wear a mask at all times while in the school and on school premises, when social distancing of 6 feet is not possible.
6. \_\_\_\_\_ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds. I will help my child follow the same procedure at home.
7. \_\_\_\_\_ I understand that my child will remove the shoes before entering in his/her classroom. He/she will either stay in socks, or I will bring my child a pair of shoes to the school that will ONLY be worn inside this school and will be left here each evening.
8. \_\_\_\_\_ I understand 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 stay-at-home orders, I will follow any recommendations from the CDC that limits my child's risk for exposure including wearing a mask in public areas and remaining 6ft from other people.
9. \_\_\_\_\_ I will immediately notify TABULA RASA THE LANGUAGE ACADEMY management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify TABULA RASA THE LANGUAGE ACADEMY management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.
10. \_\_\_\_\_ I understand that while present in the school 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 school safe and reducing the risk of exposure by following the practices outlined herein.
11. \_\_\_\_\_ I understand that Tabula Rasa The Language Academy has put in place preventative measures to mitigate the spread of COVID-19; however the school cannot guarantee that anyone I am legally responsible for or myself will not be infected with COVID-19 by participating in any school related activity. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that those I'm legally responsible for and myself may be exposed or infected by COVID-19 by attending school related activity at Tabula Rasa The Language Academy.



12. \_\_\_\_\_ I voluntarily agree to assume all of the foregoing risk and accept sole responsibility for any illness, permanent disability, death, damage, loss, claim, liability, or expense of any kind, that I or the party I am legally responsible for may experience or incur in connection with mine or his/her participation in school related activities at Tabula Rasa The Language Academy. I understand and agree that this release includes any claims based on the actions, omissions of Tabula Rasa Staff, the teachers, agents, representatives whether a COVID-19 infections occurs before, during or after participation in any school related activity.

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 TABULA RASA THE LANGUAGE ACADEMY will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

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

Parent's Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Parent's Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date