

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

Updated 8/21

Please read and initial each statement below.

1. _____ I understand that to enter 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 community. I will be contacted, and my child **MUST** be picked up from school 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**
- Headache**
- Congestion**
- Runny nose**

If my child or the participating parent exhibit any COVID-19 symptoms referenced above, I understand we may not return to CPNS:

- until symptoms are **evaluated by a medical professional** who provides written clearance that the child and/or participating parent may return to school,
- OR until the symptomatic family member(s) shows **negative COVID-19 test results** to the CPNS Director and symptoms have resolved,
- OR **10 days** from onset of symptoms as long as symptoms are resolving AND it has been at least 24 hours since any fever without medication.

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. 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 24 hours before returning to the facility.

2. _____ I understand that my child's temperature will be taken upon entry to the school each day. I further understand that the participating parent for that day will also have his or her temperature taken.

3. _____ I understand that my child over two years of age must wear a mask while inside the school. I will coach my child to wear a mask properly because teachers and other parents will not be expected to assist.

4. _____ I understand that all adults, regardless of vaccination status, must wear a mask while inside the building.

5. _____ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using running water and rubbing with soap for at least 20 seconds.

6. _____ I understand that outside of school, in order to control my child's exposure in the community, I will comply with any and all state, county or local health orders.

7. _____ I will immediately notify Carlmont Parents Nursery School if I become aware of any person with whom I or my child had close contact for more than 15 minutes, exhibits any of the symptoms listed above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.

8. _____ I understand that if anyone in my household tests positive or if I or my child have had close contact for more than 15 minutes with anyone who has tested positive for COVID-19, I agree to follow the quarantine procedures outlined by the San Mateo County health department and also notify the CPNS Director and the Health & Safety Coordinator as soon as possible.

Health & Safety Coordinator: parent tbd, health@carlmontparents.org

Director: Jill Watkins, director@carlmontparents.org, 650-245-2178

9. _____ I understand that IF a community member tests positive for COVID-19, the name of the ill person will not be disclosed. However, all families will be informed of any confirmed illness and CPNS will follow all County Health Department/CDC advice.

10. _____ I understand IF a community member tests positive for COVID-19, the class may have to quarantine according to CDC guidelines, currently 7 days with a negative COVID-19 test on day 5 or later, OR quarantine for a total of 10 days

11. _____ I will adhere to travel guidelines; currently CDPH requires unvaccinated individuals who travel outside of California to quarantine for 10 days upon return or 7 days, with a negative test.

12._____ I understand that while present in the facility each day my child will be in contact with children, families and teachers 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.

I, the participating parent, _____ certify that I have read, understand, and agree to comply with the provisions listed herein to remain in good standing with CPNS.

Child's Name _____

DOB _____

Parent 1 Name _____

Parent 1 Signature _____

Please select the statement below that accurately describes your vaccination status:

	I am fully vaccinated and have attached a copy of my card
	I am in the process of becoming fully vaccinated
	I am not vaccinated
	I decline to answer

Parent 2 Name _____

Parent 2 Signature _____

Please select the statement below that accurately describes your vaccination status:

	I am fully vaccinated and have attached a copy of my card
	I am in the process of becoming fully vaccinated
	I am not vaccinated
	I decline to answer

Date _____

**The information in this document may change as we receive additional guidance from district, county, state and CDC officials.