



Student Name: _____

Circle Grade: K 1 2 3 4 6 7 8 9 10 11 12

COVID-19 HEALTH POLICIES

This form must be signed and returned to school by August 31, 2020

In order for us to protect the health and safety of our students, as well as our faculty and staff members, we must have everyone's full cooperation with the health initiatives that have been put into place. Please initial in each blank space and sign the form on the last page.

Morning Temperature Checks

We will be starting the school year with an added layer of assurance by taking daily temperatures of all students, faculty, and staff prior to entry to the building. Studies show that thermoscan (forehead) thermometer readings can be affected by hot/cold air blowing on the patient. Individuals with elevated temperatures will not be allowed to attend school.

Please initial each statement:

- _____ I understand my student will have his/her temperature taken each day upon arrival to school.
- _____ I understand that temperatures will be taken prior to the student exiting the car that, if my student has a temperature of above 100.0, he/she will not be permitted to exit the car.
- _____ I understand that there may be some delays in the parking lot due to morning temperature checks.

Communication with School Nurse

It is vital that we have open communication between each and every family in our school community and the school nurse and/or administration. *If your student and/or someone in your home has been in close contact with someone who has tested positive for COVID-19 and/or has been referred for COVID-19 testing, the school nurse needs to be notified immediately.* The identity of your student and family will be kept strictly confidential, but it is extremely important for the school nurse to be made aware (email mmorsberger@chapelgateacademy.org). The individual's identity will only be shared with the Head of School and/or Assistant Head of School, in order to gain assistance with contact tracing, in addition to the local Health Department, as per protocol.

Please initial statement:

- _____ I agree to inform the school nurse by email immediately if my student, someone in my home, or a close contact has tested positive for COVID-19.

In light of the pandemic, it is also extremely important for the school to have several current, working contact numbers in order for you to be reached. If the nurse (or administrator) needs to communicate with you regarding your student's health, it is expected that a *phone call will be returned within 15 minutes* and, if necessary, *your student will be picked up from school within 45 minutes*. Parents will NOT be permitted entry to the school building at this time. All health suite dismissals will be done directly from P-6 (portable 6), which is located around the back of the school building just past the soccer field. There is a parking spot designated for health suite parking only.

Please initial each statement:

- _____ I agree to be accessible (or have a designated emergency contact person) for phone calls during the school day. If a message is left, I agree to return that phone call within 15 minutes.
- _____ I agree to pick up (or make arrangements for my child to be picked up) within 45 minutes if the Chapelgate nurse deems it necessary.
- _____ I understand that failure to abide by the above policies could result in my child being moved to the online/remote learning format.

Please list ALL emergency contacts, including parents/guardians. Please list in the order you would like us to call.

Emergency Contact Full Name	Relation to Student	Phone Number	Phone Number
1.			
2.			
3.			
4.			
5.			
6.			

Face Masks

Finally, all students must wear an **approved cloth mask to school** and bring one additional one mask (to be kept in their backpack or locker) daily. Please see attached diagram and take note that vented masks and gaiters (turtleneck-style masks) are NOT to be worn, as recent studies have shown they are not as effective as the other mask styles.

Please initial statement:

_____ I agree that my student will wear an approved mask at all times on campus, and I understand that failure to comply with this policy may result in my student being moved to the online/remote learning format.

Daily Home Screening

The current recommendation by the Centers for Disease Control (CDC) is for daily screening of students to be done at home prior to students leaving for school. It is imperative that students with any signs/symptoms of illness be kept home from school. If your student has ANY of the following symptoms, they may be at risk for spreading illness to others. Please keep them home from school and consult with your pediatrician *prior to returning to school*. If your doctor clears your student to return to school, a doctor's note will need to be delivered to the school nurse prior to reentry in the school building. Symptoms that warrant the need for your student to remain home from school include:

- Temperature 100.0 degrees Fahrenheit or higher when taken by mouth (99.0 degrees or higher if taken under the arm). Student must remain home for at least 24 hours with a temperature below 100.0 degrees (without the assistance of fever-reducing medication).
- Sore throat
- New, uncontrolled cough that causes difficulty breathing (for students with documentation in the school health file of chronic allergies/asthmatic cough, a change from their baseline cough)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with fever. *Do NOT give pain or fever-reducing medication in the morning and send student to school.*

Please initial each statement:

_____ I will screen my student at home daily for fever and COVID-19 symptoms and will keep my student home if he/she shows any signs of illness.

_____ I agree that, if my student has any symptoms listed above, he/she will be seen by the pediatrician and a note from the doctor will be submitted prior to his/her return to the school building.

Travel and Close Contact/Potential Exposure

The below scenarios pose increased risk for your student to get COVID-19 and potentially spread COVID-19 to others, even if he/she is not showing any symptoms of illness. If any of these scenarios apply, please keep your student home from school and consult with your pediatrician *prior to returning to school*. If your doctor clears your student to return to school, a doctor's note will need to be delivered to the school nurse prior to reentry in the school building.

- Before traveling out-of-state, read current travel recommendations set forth by Governor Hogan and the MD Department of Health. If traveling to a state with higher COVID-19 case numbers, quarantining and/or COVID testing may be necessary. *If awaiting COVID-19 test results, the student is to remain home until a negative test result is obtained.*
- If someone in the home is showing possible symptoms of COVID-19, the student is to remain home from school and pediatrician should be consulted prior to return to school.
- Student has had close contact (within 6 feet of an infected person for 15 minutes) with a person with confirmed COVID-19.

Please initial each statement:

_____ I agree that if my family travels out of state, we may be required to quarantine and submit to COVID-19 testing upon our return, as outlined by the Maryland Department of Health.

_____ I agree to keep my student at home if anyone in our home, or any close contact, has symptoms of COVID-19 or is awaiting COVID test results.

My signature below indicates that I have read and understand the above-described health initiatives that are being put into place at Chapelgate Christian Academy. I agree to follow all recommendations set forth in the above document and recognize the importance of my role in doing so to help to keep our community healthy during the pandemic. I agree to discuss this information with my student prior to school starting.

I also acknowledge the understanding that policies and procedures will be adapted, as necessary, in order for the school to comply with the guidelines as set forth by the Centers for Disease Control.

Parent/Guardian Name

Date

Parent/Guardian Signature

Parent/Guardian Name

Parent/Guardian Signature

Date