

Cross and Crown Lutheran School Rohnert Park, California 94928

COVID-19 PUBLIC HEALTH EMERGENCY
Cross and Crown Lutheran School
Parent Waiver

**This waiver must be initialed and signed to complete a child's enrollment in
Cross and Crown Lutheran School (CCLS).**

Please read and initial each numbered statement below.

1. _____ 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 staff and students 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 listed on my child's emergency form of the information contained herein.

2. _____ I understand that IF I am required to enter the facility beyond the designated drop-off and pick-up area, I MUST sanitize my hands before entering and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.

3. _____ 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 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 100.2 degrees Fahrenheit or higher
- Dry Cough
- Shortness of Breath
- Chills
- Loss of Taste or Smell
- Sore Throat
- Muscle Aches
- Feeling Unwell

While we understand that many of these symptoms can also be related to non-COVID-19 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 72 hours before returning to the facility.

4. _____ I understand that my child's temperature will be taken every morning.

5. _____ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day.
6. _____ I will immediately notify the office, **795-7863**, 1) if I become aware of any person with whom my child or I have had contact that exhibits any of the symptoms listed above, 2) if advised to self - isolate, quarantine, or has tested positive for COVID-19.
7. _____ I understand that should my child have symptoms of COVID-19 or become exposed to someone with COVID-19, I will, as soon as possible, have my child tested by my primary care provider or a community testing site. My child will be self-quarantined while waiting for results.
8. _____ I understand that **THERE ARE** other families within CCLS who have members with compromised immune systems. Therefore, I will comply with any and all state, county or local health orders, which will limit my risk for exposure and thereby lessen the chance of bringing the COVID-19 virus to the CCLS campus.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge 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 acknowledge 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. I acknowledge that my child's enrollment 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

Cross and Crown Office

Date