



COVID-19 Waiver

We are very excited to have your child join us for preschool! In order to adhere to the guidelines recommended by the CDC and the state of PA, please complete, sign and date the following waiver. We appreciate your understanding.

My child, _____, does NOT have any of the following symptoms:

- Temperature of 100.4 degrees or higher when taken by mouth;
- Sore throat;
- NEW uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
- Diarrhea, vomiting or abdominal pain; or
- New onset of severe headache, especially with a fever.

I also certify that following statements are true. My child has NOT;

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19; OR
- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person under quarantine for possible exposure SARS-CoV-2; OR
- Traveled to an area where the local or state health department is reporting large numbers of COVID-19 cases.

By signing, I agree to assess my child *DAILY* for the above statements. If at any point these statements are no longer correct, I will keep my child home and notify the Preschool Director immediately. I also acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed through participation in Preschool.

Signature

Date