

INFECTIOUS DISEASE/COVID-19 HEALTH POLICY

Our priority at the Northern Rivers' schools is to ensure the health and safety of the students, family members, visitors, and staff who come to our campus every day, and we will not be successful without your help. Our new guidelines are based on the New York State Department of Health interim guidelines for opening schools and in consultation with our health care consultants and licensing agencies. These practices are subject to change as needed.

Each family should read, acknowledge, and agree to the following procedures. This form must be returned before your child can return to school.

Child's name

Date of birth

Child's name

Date of birth

Child's name

Date of birth

Parent's or guardian's name

Relationship to child(ren) listed above

If my child(ren) or any person within my household shows any of the following symptoms, I agree to keep my child home for 72 hours or until the child is fever free without the use of fever-reducing medication.

- Fever higher than 100.0°F
- Excessive dry cough
- Shortness of breath
- Lethargic, overly tired, unusually calm or quiet
- Mild respiratory illness/issues

If my child(ren) experiences any of the above symptoms during school, I understand that either I, or a person I have designated as an emergency contact, will arrive within one hour to pick up my child and take them home. Administration may require a physician's note to return to school.

Emergency contact name

Phone number

Alternate emergency contact name

Phone number

School administration may request a physician's note in order for my child to return to school.

I agree to inform the school if my child, or any family member, tests positive for COVID-19 so that the program can take necessary, mandated steps. I understand my child's or family member's identity will remain confidential.

I understand that out of respect for other students, families, and staff members, failure to comply will result in a program review to determine if my child is appropriate for in-person instruction.

I certify and acknowledge that I have read and understand the Infectious Disease/COVID-19 Health Policy and agree to the terms listed above.

Parent's or guardian's signature

Date

Parent's or guardian's name printed

Program director's signature

Date



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