

Health and Wellness Agreement for Parents or Guardians

For parents or guardians – please read and initial each statement below: *(Please complete one form per child enrolled at Westlake Preschool)*

_____ I acknowledge that my child has not had contact with someone with a confirmed diagnosis of COVID -19, is not under investigation for COVID-19, is not ill with a respiratory illness, and has not travelled internationally to countries and other parts of the nation with widespread, sustained community transmission in the last 14 days.

_____ 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 persons present in the facility and to limit the risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.

_____ 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 all other children, I will be contacted, and my child MUST be picked up from the facility within 30 minutes up to 1 hour of being notified.

Symptoms include:

- Fever of 100.4 F or higher
- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell • Sore throat
- Muscle aches
- Congestion or runny nose
- Diarrhea
- Nausea or vomiting

Note: While we understand that many of these symptoms can also be related to non-COVID issues, we must proceed with an abundance of caution. These symptoms typically appear 2-14 days after being infected so please take them seriously. You will need to provide a doctor's note and/or a negative COVID-19 test result clearing your child to return to Westlake Preschool.

_____ I understand that my child's temperature may be taken daily if needed as part of the visual screening for as long as the Public Health Emergency is in place or recommended by public health officials.

_____ I understand that while present in the facility each day my child will be in contact with children and employees 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 should there be an identified case of COVID-19 from any employee, child, or any person in contact with employees or children, Westlake Preschool will be reporting these incidents to San Mateo Public Health Department and Community Care Licensing, who will then guide the organization in further steps such as building dismissals, cleaning/disinfecting protocols, contact tracing and site closures.

I certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Westlake Preschool may result in suspension up to and including termination of services. I acknowledge that my enrollment will be terminated if it is determined that my actions or lack of action unnecessarily exposes another employee or child to COVID-19.

Date

Child's Name

Parent/Guardian 1 (Print Name)

Parent/Guardian 1 (Signature)

Parent/Guardian 2 (Print Name)

Parent/Guardian 2 (Signature)