

STUDENT/GUARDIAN AGREEMENT

To try to ensure a safe environment for students and employees during the COVID-19 public health emergency:

1. I hereby acknowledge that should my child test positive for COVID-19, have COVID-19 Symptoms, or have exposure to someone with COVID-19 I will notify the School Nurse. (COVID Children's symptoms listed below)
2. I commit to keep my contact information up to date. If my phone number changes, I will notify the campus immediately.
3. I understand if my child gets ill at school, I will need to come to the school to pick him/her up promptly. If I am unavailable, I will list an alternative person to pick up my child on the APTS emergency care sheet that was recently sent to me in the mail.
4. I understand and acknowledge that APTS may conduct non-invasive health screening on arrival to school and as needed.
(temperature checks, oxygen level checks if needed)
5. APTS will maintain privacy laws. Due to the health crisis, APTS is required to notify public health agencies of certain conditions. Any information will be disclosed pursuant to applicable CDC guidance and any other applicable federal, state, or local public health reporting requirements and shall be limited to the minimum information necessary to comply with the reporting requirement.

Student Name (print): _____

Parent/Guardian Name
(print) _____ Date _____

Parent/Guardian Signature _____

COVID Symptoms: Fever, Cough, Nasal congestion, Sore throat, Shortness of breath, Diarrhea, Nausea or vomiting, Fatigue, Headache, Body Aches, Poor feeding or poor appetite, Rash