

Loving Savior Lutheran School
COVID-19 PUBLIC HEALTH EMERGENCY

Community Agreement

Each member of the Loving Savior Lutheran School (“School”) community is responsible for preventing the spread of COVID-19. By signing this Community Agreement, you commit to doing your part to help keep our School community healthy and safe.

Both parents' initials are required (as applicable).

1. ___/___ I understand that during this COVID-19 Public Health Emergency, I will NOT be permitted to enter the School or its facilities beyond the designated drop-off and pick-up area unless it has been approved by the Principal prior to my arrival.
2. ___/___ I understand that it is my responsibility to inform any person who is dropping off or picking up my child of the current procedures.
3. ___/___ I understand that if there is an emergency requiring me to enter the School or its facilities beyond the designated drop-off and pick-up area, I will wash my hands before entering and wear a mask. While in the School building, I will practice physical distancing. I will inform my emergency contacts of this procedure.
4. ___/___ I understand and agree that my child’s temperature will be taken prior to entry to the School or its facilities by a staff member.
5. ___/___ I understand and agree that my child will wear a mask while inside the School building. I will provide my child with two masks.
6. ___/___ I understand that my child will be required to wash his/her hands frequently throughout the day in accordance with the procedures recommended by the Centers for Disease Control and Prevention (“CDC”) using water and soap for at least 20 seconds.
7. ___/___ I understand that my child will be expected to use hand sanitizer regularly.
8. ___/___ I understand that to enter upon the School or its facilities, my child must be free from COVID-19 symptoms including, but not limited to: *Fever over 100.4°F, cough, shortness of breath or difficulty breathing, extreme fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting, or diarrhea.*
9. ___/___ I understand that my child will need to be free of symptoms without any medications for 24 hours before returning to School.
10. ___/___ If, during the day, my child exhibits any COVID-like symptoms, they will wait with a staff member in a separate location. School staff will contact me or another one of my emergency contacts and we will pick up our child within 30 minutes of being notified. While we understand that many of these symptoms can also be related to non-COVID-19-related issues, we understand and agree that we must proceed with caution and follow San Bernardino County Department of Health’s guidelines for handling somebody with symptoms.

11. ____/____ I will immediately notify School administration if I become aware of any person with whom my child or I have had contact that exhibits any of the symptoms listed above or is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
12. ____/____ I understand that while present at School 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. I will not hold the School responsible if my child or any other member of my family becomes sick as a result of COVID-19 exposure while attending the School.
13. ____/____ I understand that I play a crucial role in keeping everyone at the School safe, and in reducing the risk of exposure by following the practices outlined by the County Department of Health and CDC, including (but not limited to) wearing a mask outside of the home and regular hand washing.
14. ____/____ I will commit to staying informed about and complying with ALL state, county, and local orders and guidelines, and any School policies and procedures, especially as they relate to hygiene, social distancing, and best health practices.

Child's Name(s) _____

Parent 1

I certify that I have read, understand, and agree to comply with the provisions listed herein.

Signature _____ Date: _____

Parent 2

I certify that I have read, understand, and agree to comply with the provisions listed herein.

Signature _____ Date: _____