

Parent Partnership and Wellness Agreement

The health and safety of our children and their families along with that of our staff and their families are a top priority. It is important that we partner together to ensure the safety and wellness of all during this time. As parents, we ask that you are diligently monitoring the wellness of your child for their daily attendance of MDO and Preschool. Please complete the form below with one form per family completed and submitted prior to the first day of school. Our staff will also complete the following form for themselves and their family.

- 1. Each morning prior to coming to school, I agree to ensure my **child is NOT running a temperature of 99.4 or higher** (with no medication given to reduce symptoms).
- 2. I agree to <u>NOT send my child to school if he or she has an elevated temperature or fever, is sick, or is not feeling well</u>.
- 3. I agree to pick up my child <u>immediately</u> if he or she becomes unwell during the school day.
- 4. I understand that my child is not required to wear a face covering at school; but if I choose for them to do so, I will (a) communicate that with my child's teacher or administration; (b) provide the face covering; and (c) ensure my child is familiar wearing the face covering and he or she knows it is to be worn at school.
- 5. I agree to **REPORT** to the MDO administration a <u>pending</u> COVID-19 test or <u>positive</u> COVID-19 test result in the household of my child or from any individual for which my child has had direct contact. (i.e. grandparent, sitter, etc..)
- I agree to keep my child at home under the following conditions (even if my child is well) (a) there is a pending COVID-19 test; (b) positive COVID-19 test or suspected individual with COVID-19 in the household of my child or with an individual for which my child has had direct contact.
- 7. I understand that under certain circumstances a negative COVID-19 test may be required for my child to return to school.
- 8. I have read and consent to follow the Health and Illness Policy in the MDO and Parent Handbook.

Child(s) Name(s):____

Parent's Signature

Date