



Parental Health Agreement

2022 - 2023

Child's Information:

Child's Name: _____ Sex: _____ Date of Birth: _____

Parent/Guardian Information:

Name(s): _____

Relationship: _____

Address: _____

Email Address: _____

Cell Phone: _____ Secondary Phone: _____

In response to Covid-19, Colonial Preschool will be adopting the following procedures during this time.

I, _____, parent of _____, have read the following statements:

The Administration and Staff of Colonial Presbyterian Child Development Center take the health and safety of each child and each adult seriously. As such, we will continue to closely adhere to all regulations set forth by the Kansas Department of Health and Environment (KDHE), Johnson County Department of Health and Environment (JCDHE), and the CDC to do our best to provide a clean and safe experience for each child and adult within our care while staying in compliance with the State of Kansas. We understand the fluidity of Covid-19 and will closely monitor all recommendations and requirements put forth by KDHE, JCDHE, and the CDC. Our actions will include, but are not limited to:

- All staff will be monitored for illness upon arrival each day and will be sent home if they exhibit any symptoms of illness at any point during the day.
- Staff will visually check each child each morning and will take the child's temperature and gather information from parents if deemed appropriate.
- Staff will closely monitor children's behavior and appearance for any signs of illness throughout the day.
- All staff will wash hands throughout the day and use hand sanitizer as needed.
- Staff will ensure all children wash hands frequently throughout the day.
- Staff will sanitize and disinfect classrooms before and after school and throughout the day.
- The Administration will keep parents informed of any regulation changes or any exposure concerns.

I, _____, parent of _____, agree to the following statements:

_____ I will closely monitor my child's health and keep them home for at least 24 hours if they develop a fever over 100.4°, develop a sudden cough, have shortness of breath, difficulty breathing, sudden loss of taste or smell, runny nose, sore throat, diarrhea, vomiting or nausea.

_____ I will pick up my child from the school should they develop a sudden cough, shortness of breath, loss of taste or smell, or any two of the following symptoms: fever, chills, headache, runny nose, sore throat, diarrhea, vomiting or nausea.

_____ I will make the school aware should anyone in our home develop fever, a sudden cough, shortness of breath and/or a sudden loss of taste or smell.

_____ I will advise the school if anyone in my household is diagnosed with Covid-19 and will keep my child at home for a period determined with the director in accordance with CDC/JCDHE/KDHE guidelines.

_____ I will advise the school if I am keeping my child home for any reason.

_____ I understand the fluidity of Covid-19 and will do my part to keep informed and to read and comply with any directions sent out by Colonial Administration to protect my child and the staff.

Parent Signature

Date