



CHANDLER UNIFIED SCHOOL DISTRICT NO. 80

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"Dedicated to Excellence"

Camille Casteel, Ed.D., Superintendent

COVID-19 Parental Acknowledgement and Disclosure

1. While present at school each day, I understand that my child will be in contact with children and employees who are also at risk of community exposure. No list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19.
2. I understand that the members of my family play a crucial role in keeping everyone at school safe and reducing the risk of exposure by following the practices outlined in this acknowledgement.
3. I understand that during this COVID-19 public health emergency I will NOT be permitted to enter the facility/school beyond the designated drop-off and pick-up area. I understand that this procedural change is for the safety of all persons present at the facility/school and to limit, to the extent possible, the risk of exposure.
4. I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands and wear a mask before entering. While in the facility, I will practice social distancing and remain 6 feet from all other people, except for my children or immediate family members.
5. In order for my child to attend school, I understand that my child must be free from COVID-19 symptoms. If any of the following symptoms appear while my child is on school grounds, my child will be separated from the rest of the class and moved to a supervised, secure area. The parent/guardian will be contacted, and my child MUST be picked up within 1 hour of being notified.

Symptoms Include:

- Fever of 100.4 degrees Fahrenheit or higher
 - Chills
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
 - Any other symptom of illness, whether or not you believe it is related to COVID-19
6. While the District understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency. Symptoms typically appear two to seven days after being infected. If my child has had any

symptoms consistent with COVID-19, I understand I will adhere to the CUSD Student COVID-19 Exclusion Guidelines.

7. As the parent/guardian, I understand that I will need to take my child's temperature prior to coming to school and also conduct daily self-screening of my child for symptoms prior to the child arriving at school.
8. I understand that over the course of the school day my child's temperature may be taken.
9. I understand that my child will be required to wash their hands throughout the day using CDC-recommended handwashing procedures.
10. I understand that my child must wear a face covering throughout the day according to the protocols established by the District.
11. I will immediately notify the school site if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines "close contact" as being within 6 feet of an infected person for at least 15 minutes or more starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.
12. I understand that it is my responsibility to inform other members of my household of the information contained in this acknowledgement.

The Site/District will continue to follow the guidelines of both the CDC and state and local officials. As changes occur, parents and guardians will be notified. The Site/District will contact the Arizona Department of Health Services if any staff member or student contracts COVID-19 to help make crucial decisions on next steps.

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

Child's Name: _____

DOB: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____