**Parent/Guardian COVID-19 Health Agreement**

To protect the children, staff and families of Huntersville United Methodist Church Preschool, I agree to keep my child home if he/she has any of the following symptoms:

* Fever (temperature of 100 degrees or higher)
* New Cough
* Sore Throat
* Diarrhea and/or Nausea/Vomiting
* Congestion
* Chills
* Muscle or Body Aches
* Headache
* New loss of taste or smell

If my child has any of the symptoms reflective of COVID-19, I will not send him/her to school until:

* My child has been fever free for 48 hours without the use of fever reducing medications **AND** symptoms are significantly improved **OR**
* A healthcare provider has seen my child and documented a reason other than COVID-19 for the symptoms present **OR**
* If testing for COVID-19 has been recommended by a healthcare provider:

1. proof of a negative test is received, **AND**
2. my child has been fever free for 48 hours without the use of fever reducing medications **AND**
3. symptoms are significantly improved

If my child is diagnosed with COVID-19, I will not send him/her back to school until the following:

* My child has recovered (as defined by health officials) and it has been at least 14 days since the onset of symptoms **AND**
* My child has completed his/her quarantine as mandated by the health department **AND**
* My child has been fever free without the use of fever reducing medications for 48 hours **AND**
* My child has received a negative test result

If someone in my household has been diagnosed with COVID-19 or my child has been exposed to COVID-19, I will keep him/her home for 14 days.

If someone in my household develops a new cough, shortness of breath or two of the following: sore throat, chills, muscle pain, headache, new loss of taste or smell, I will get that person tested for COVID-19. I will keep my child at home while waiting on the test results. If test result is positive, I will keep my child home for 14 days.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_