

**COVID-19 PUBLIC HEALTH EMERGENCY ACKNOWLEDGMENT AND  
DISCLOSURE FOR  
The Kindergarten at Riva Trace**

This form should be reviewed and signed by all parents/guardians and emergency contacts.

Please read and initial each statement below.

1. \_\_\_ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the The Kindergarten at Riva Trace facility beyond the designated drop-off and pick-up area located either outside their classroom or the main entrance, as instructed by the Director. I understand that this procedure change is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein and that they cannot pick up my child unless they also have signed this form.
  
2. \_\_\_ I understand that IF there is an emergency requiring me to enter the The Kindergarten at Riva Trace facility beyond the designated drop-off and pick-up area I MUST wash/sanitize my hands before entering and wear a mask at all times. While in the facility, I must practice social distancing and remain at least six (6) ft away from all other people, except for my own child.
  
3. \_\_\_ I understand that in order to enter the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated away from the rest of the children and people located in the facility. I will be contacted by The Kindergarten at Riva Trace staff as soon as possible, and my child MUST be picked up from the facility within 30 minutes of being notified.
  
4. \_\_\_ I understand that the Health Department and Licensing Specialist will be informed of any students with symptoms, and that they will give guidance pertaining to The Kindergarten at Riva Trace closures and next steps.

**Symptoms include: New onset Cough or Shortness of Breath, or at least 2 of the following: Chills, Shivering, Muscle Aches, Headache, Sore Throat, Loss of taste or smell, Diarrhea, Fever of 100.4 degrees Fahrenheit or higher, and gastrointestinal symptoms (nausea, vomiting, or diarrhea).**

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected, so please take them seriously.

5. \_\_\_ I understand that Children, Parents, and Emergency Contacts, whom have been diagnosed with COVID-19, had symptoms of COVID-19, or otherwise have reason to believe they contracted COVID-19, and who want to return to The Kindergarten at Riva Trace before completing a 14-day self-isolation period, must present the Director with a medical professional's certification of good health that clears the individual for return. The Director will consult with The Kindergarten at Riva Trace Management regarding whether the individual is able to return to the facility prior to completion of the 14-day period.
6. \_\_\_ I agree to wear a mask at all times while dropping off and picking up my child(ren) until notified otherwise by The Kindergarten at Riva Trace.
7. \_\_\_ I agree that if mandated by the state, I will have my child attempt to wear a mask at all times while at The Kindergarten at Riva Trace until notified otherwise by The Kindergarten at Riva Trace.
8. \_\_\_ I understand that my child's temperature must be taken prior to their entering the facility. I agree that on the mornings that I bring my child to The Kindergarten at Riva Trace, I will take my child's temperature with a personally owned temporal thermometer in the presence of The Kindergarten at Riva Trace staff member and I will show the results to The Kindergarten at Riva Trace member. I agree that my temperature or the person who is dropping off the child will also need to be taken and shown to The Preschool at Riva Trace staff member.
9. \_\_\_ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
10. \_\_\_ I understand the importance of complying with state, county or local stay-at-home orders and social distancing orders, even when outside of care, in order to control my child's exposure in the local community.
11. \_\_\_ I will immediately notify The Kindergarten at Riva Trace Management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 4 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify The Kindergarten at Riva Trace management if I am made aware that anyone from my place of employment is presumed positive or tests positive for COVID-19, and I have been physically present in my place of employment within the last 14 days.
12. \_\_\_ I understand and agree that if my child is diagnosed with COVID-19, The Kindergarten

at Riva Trace must notify the State’s Licensing Agent and the Maryland Department of Health.

- 13. \_\_\_ I understand that while present in the facility each day my child will be in contact with children, families, employees, and others with access to The Kindergarten at Riva Trace, 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 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
- 14. \_\_\_ I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at The Kindergarten at Riva Trace (“Claims”) arising from COVID-19 or related illness.
- 15. \_\_\_ On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless The Kindergarten at Riva Trace, Riva Trace Baptist Church, their employees, agents, and representatives, of and from any Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out from COVID-19 or related illness.
- 16. \_\_\_ I understand and agree that this release includes any Claims based on the actions, omissions, or negligence The Kindergarten at Riva Trace, as well as their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attendance at The Preschool at Riva Trace.

I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by The Kindergarten at Riva Trace may result in termination of all The Kindergarten at Riva Trace services. I acknowledge that care for my child may be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

**Child’s Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Kindergarten at Riva Trace Director:** \_\_\_\_\_