COVID-19 PUBLIC HEALTH EMERGENCY ACKNOWLEDGMENT AND DISCLOSURE FOR
The Preschool 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 Preschool 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 Preschool 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 Preschool 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 school 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 Preschool 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 Preschool 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 Preschool 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 Preschool of Riva Trace until notified otherwise by The Preschool 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 Preschool at Riva Trace, I will take my child's temperature with a personally owned temporal thermometer in the presence of The Preschool at Riva Trace staff member and I will show the results to The Preschool at Riva Trace staff 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 Preschool of 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 Preschool 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 Preschool 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 Preschool 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 Preschool 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 Preschool 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 Preschool 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 Preschool at Riva Trace may result in termination of all The Preschool 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 Preschool at Riva Trace Director: _____