

INFECTIOUS DISEASE / COVID-19 HEALTH POLICY

Our priority at Bright Star Academy is to ensure the safety of the children and staff that attend school each day. We are working on creating new procedures every day in order to achieve this goal, but we will not be successful without your help!

Bright Star Academy is following all communicable disease guidelines set forth by NYSOCFS Licensing and the CDC. We understand that we must do our part to keep your children safe. As the risk in our area for Covid 19 increases, we are asking each of our families to acknowledge and agree to the following procedures. We only need 1 form per family. This form must be turned in prior to your child starting school when Bright Star Academy re-opens, in order for your child to be admitted to our program.

Child's Name: _____ DOB: _____

I, _____, _____
Parent/Guardian Relationship to children above

Agree to be aware of my child(ren)'s health. If my child(ren) or any person within my household show any of the following symptoms, I agree to keep my child(ren) home.

- * **Fever of 100. or over**
- * **Cough of any kind**
- * **Shortness of breath**
- * **Lethargic, overly tired, unusually calm or quiet**
- * **Mild respiratory illness**
- * **Any Sickness/Illness**
- * **Any fluid draining from eyes, nose, ears or mouth**

I agree to only have my child(ren) in attendance if they are symptom free. If my child(ren) or anyone living within my households any of these symptoms, I understand that they will not be allowed to attend Bright Star Academy until they are cleared by a doctor. I agree to notify management of any conditions or changes in my child's health status. I agree to inform Bright Star Academy if my child tests positive for Covid 19- so that Bright Star Academy can take necessary mandated steps. Bright Star Academy agrees to keep your child's identity confidential. I agree to inform Bright Star Academy and to keep my child home for 14 days and monitor for symptoms as per CDC guidelines if my child has close contact with a person with COVID-19 (for example if someone in the child's home is diagnosed with the illness). I also understand, as stated in Bright Star Academy's Parent Handbook and Acknowledgement of Policies that I am still responsible

to pay for my child's enrollment at Bright Star Academy since the position is reserved solely for my child whether attendance or not. Bright Star Academy management regrets the need to enforce this policy, but we are trying to ensure the financial sustainability of our center at this time. I agree to indemnify and hold Bright Star Academy harmless against any damages, loss and claims that occur due to my child's attendance. Bright Star Academy has created an Infectious Disease Strategic Plan in order to keep our children and staff safe from Covid 19.

Health Care Covid 19 Signature Page

I certify and acknowledge that I have read and understand the Covid 19 Health Policy and agree to the terms listed above.

Signature: _____ Date: _____

Print Name: _____ Date: _____

Relationship to Child(ren): _____