

**ECC Before/After School Programs
Covid-19 Parent Consent Form**

Child's Name _____

(initial) I am aware of the following Covid-19 symptoms listed below:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Chills
- Muscle pain
- New loss of taste or smell

(initial) I will perform a daily health screening, including a temperature check, of my children by checking for Covid-19 symptoms as outlined by the CDC and addressed in the ECC Covid-19 Guidelines.

(initial) I will keep my child home if they, or anyone in our house, has a fever above 99.9, are ill and/or show any Covid-19 symptoms.

(initial) I will alert the ECC immediately if my child, or someone in our house, is sick and/or has been positively diagnosed with Covid-19.

(initial) I will discuss Covid-19 preventive measures with my child to better prepare them to follow these guidelines while in our care. (Information provided)

(initial) I will be prepared with an alternative pick-up plan/person in the event that an immediate pick-up is necessary.

(initial) I will be prepared with a back-up childcare plan in the event that my child has symptoms and is not allowed to attend the program.
(Call 211 if unable to secure a back-up care plan)

(initial) I will not pick-up, drop-off, and/or enter the program if myself or someone in my household has tested positive or is showing symptoms of Covid-19.

(initial) I hereby attest that I have been informed of the following pertaining to the coronavirus/Covid-19:

- People who are 65 years and older, and people of any age who have serious underlying medical conditions, or who are at higher risk for severe illness from Covid-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from Covid-19 can be found in the CDC's guidance. Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at increased medical risk.
- Staff and children living in households with individuals who are 65 years and older OR who have a higher risk for severe illness from Covid-19 are recommended to stay home.

(initial) I understand that if my child is absent from the program for any amount of time due to circumstances related to Covid-19 that no refunds will be given.

I have reviewed and agree to follow the above guidelines.

Print Name

Signature of parent/guardian

Date