

COVID-19 Policy and Acknowledgement Form

Child's Name: _____ **Child's DOB:** _____

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Dear Parents,

The Elevon has a multitude of processes, policies, and measures in place to help prevent the introduction and spread of COVID-19 within our center. However, please do note that we cannot “guarantee” that we can keep The Elevon, completely free of COVID-19. Any time more than one person congregates indoors, there is a finite probability that one may contract or spread COVID-19. During Fall, and flu season, we anticipate further confusion regarding COVID-19 since the regular flu has symptoms similar to those of COVID-19.

This document is intended to inform you about essential policies we have in place to minimize, as much as possible, the probability that someone may spread or contract the virus. It is also an informed consent regarding the fact that you are aware that it is entirely possible that you or any member of your family may spread or contract COVID-19, and that The Elevon is not responsible for any consequences of such infectious spread.

Please review each item below and initial that you understand – (items below are based on recommendations from either CDC, State Health Department, or MSDE Office of Child Care):

_____ If my child, or family member, contracts COVID-19 while enrolled at The Elevon, I understand that The Elevon is not responsible and cannot be held liable for any medical costs, loss of work, or any other liability or costs associated, directly or indirectly, with COVID-19 Infections.

_____ I agree to:

1. Keep my child(ren) home (and alert The Elevon immediately) if my child(ren) or any member of our household, or anyone we have come in contact with in the past 48 hours has symptoms of, or tests positive for, COVID-19.
2. Keep my child(ren) home (and alert The Elevon immediately) if my child(ren) or any member of our household, is tested for COVID-19.
3. Keep my child(ren) home (and alert The Elevon immediately) if my child(ren), or any member of our household travels out of state for non-commuting purposes. If this occurs, I agree to quarantine for 14 days from the date of my return before returning to The Elevon OR quarantine for 5 days, get tested (no less than 72 hours after returning to MD), and return once the results are back.
4. Provide at least 2 face masks for my child each day, if they are 5 years of age or older.
5. Adhere to The Elevon’s illness exclusion policies strictly (refers to any illness).

_____ I understand that if The Elevon is required to close in the future due to a COVID-19 + test (for anyone in the center) I will be alerted with as much notice as is given to The Elevon by the Health Department.

We know that these are challenging times for everyone, and we want to thank you for your patience and understanding as we work hard to provide safe, high quality care for your children. Please know that we will continue to update our policies and processes whenever new information, or recommendations are communicated to us by the CDC, Department of Health, or Office of Child Care.

I have read and understand the above:

Parent Name (Print) _____ Signature _____ Date _____