

Please sign and return the following covid consent form on or before the first day of school, August 14, 2020:

WHAT IF A STUDENT OR STAFF MEMBER TESTS POSITIVE FOR CORONAVIRUS?

Firstly, please know that we all must agree to be as responsible and considerate as possible. If you have been in contact with someone outside of school that has been diagnosed, please make necessary and responsible choices for the well being of all.

Secondly, if you or your child or a family member contracts the coronavirus, please inform us immediately and keep your child home and plan to do distance learning until it is safe for him or her to return. Students or faculty will agree to notify Heirway and self quarantine for 14 days if they are directly exposed to a person who has tested positive for COVID-19.

Parents will agree not to give their student fever reducing medication and send them to school. If a child or an adult needs fever reducing medication, he or she must stay at home. In addition families will agree to come immediately (within 30 minutes) to pick up a child who begins to exhibit any of these symptoms while at school. We will have a specific room for students to BRIEFLY wait on someone to pick them up.

Thirdly, if a student or teacher tests positive, the following will be our protocol.

STOP the Spread. COVID Specific Guidelines:

In the event that an HCA student or employee tests positive for COVID, the entire school will close for 2 days for deep cleaning and sanitizing.

The classroom group exposed to the person who tested positive, will quarantine at home for 14 days, moving immediately to virtual learning. The rest of the school will come back to class after the 2 days of whole-school cleaning and sanitizing

The infected person will not be able to return to school until they have a negative test result, and doctor's clearance to do so.

We will ask students and staff members who have been exposed to the virus outside of school to self quarantine for 14 days.

Parents will be asked to sign a Stop The Spread Waiver and Agreement to keep children at home with any evidence of COVID symptoms such as a fever, persistent cough, sneezing, runny nose, body aches or stomach flu symptoms, and email HCA for further guidance on re-entry to school, and not to hold HCA responsible should exposure or contact with the virus take place. (Please note SB 359 COVID-19 Immunity Act signed by Gov. Kemp that will be posted in the school lobby.)

Warning

“Under Georgia law, there is no liability for an injury or death of an individual entering these premises if such injury or death results from the inherent risks of contracting COVID-19. You are assuming this risk by entering these premises.”

CHILD’S NAME: _____ DATE: _____

My signature denotes my agreement with the above COVID 19 Policy:

PARENT SIGNATURE: _____

DATE: _____