



## Grace Classical Academy Community Partnership Agreement (Please sign and return this copy)

The success of this school reopening plan depends upon the cooperation of our entire school community. Home health screening will help to ensure that potentially ill students/staff are not entering the building. Compliance with distancing and mask-wearing will help to mitigate the risk that any asymptomatic carriers are spreading illness to others. Adherence to attendance and return policies will ensure that those who were ill are no longer contagious upon return to school. If we wish to keep our school open and continue synchronous learning we must commit, as a community, to following these procedures and policies as meticulously as possible.

To protect our students and staff, I agree to monitor my child(ren) daily for development of any of the following symptoms, and agree to keep my child at home if he/she develops:

- Fever (a temperature of 100.4 or higher)
- Cough (New, persistent; can be dry or productive)
- Shortness of breath
- Significant fatigue
- Muscle or body aches
- Sore throat
- New loss of taste or smell

If my child develops any of these signs or symptoms of COVID-19, I will not send him/her back to school until one of the following applies:

- Negative COVID-19 test, **and** fever-free for 24 hours without medication, **and** any respiratory symptoms are improving.
- No COVID-19 test, but a healthcare provider has evaluated my child and provided a written note with alternate diagnosis to explain symptoms (ie. strep throat, ear infection, etc), **and** child has been fever-free for 24 hours without medications, **and** any respiratory symptoms are improving.
- Positive COVID-19 test, **and** at least 10 days have passed since onset of symptoms, **and** child has been fever-free for 24 hours without medications, **and** any respiratory symptoms are improving.
- No COVID-19 test or note from a healthcare provider, but 10 days have passed since onset of symptoms, **and** child has been fever-free for 24 hours without medications, **and** any respiratory symptoms are improving.

If someone in my household is diagnosed with COVID-19 disease, I will keep my child(ren) home for 14 days. If the child develops any symptoms during the 14-day period, follow the guidelines above to determine when the child may return to school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date