

Call: 631-997-3111



## STUDENT ADVISORY AND ACKNOWLEDGMENT/ INFORMED CONSENT RECEIVING CHILD CARE IN THE ERA OF COVID-19

Dear Parents,

Thank you for your continued trust in our school. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “Coronavirus,” at any time or in any place. Be assured that we have always complied with the State Department of Health and the Centers for Disease Control and Prevention infection control guidelines to limit transmission of all diseases and continue to do so. Although we have taken measures to provide social distancing in our school, due to the nature of providing care for children 2 1/2- 5, it is not possible to always maintain social distancing between the other children and teachers. Our staff are to wear masks when unable to social distance, symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other children or their family) could be infected, with or without their knowledge. To reduce the risk of spreading COVID-19, we are to ask you several “screening” questions below. For the safety of our staff, the other children and yourself, please be truthful and candid in your answers.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Last

First

MI

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/ Legal Guardian: \_\_\_\_\_

**PLEASE ANSWER “YES” OR “NO” TO ALL OF THE FOLLOWING QUESTIONS:**

Do you or your child have a runny nose?

Yes  No

Do you or your child have a fever or felt hot or feverish recently? (14-21 days)

Yes  No

Do you or your child have a sore throat?

Yes  No

Do you or your child have a dry cough?

Yes  No

Have you or child had a reduction in your sense of smell or taste?

Yes  No

Have you or your child experienced shortness of breath or had trouble breathing?

Yes  No

Have you or child been tested for COVID-19 and are awaiting results?

Yes  No

Any other flu-like symptoms, such as gastrointestinal upset, headache, or fatigue?

Yes  No

Do you or child have a heart, lung or kidney disease, diabetes, or any auto-immune disorders?

Yes  No

Have you or your child been in contact with someone who has tested positive for COVID-19?

Yes  No

Have you or your child traveled outside of the United States by air or cruise ship in the past 14 days?

Yes  No

Have you or your child traveled within the United States by air, bus, or train within the past 14 days?

Yes  No

Have you or your child tested positive COVID-19? \*

Yes  No

**By checking this box, I acknowledge that I have reviewed ALL questions/alerts on this Covid-19 questionnaire and responded accordingly. There are no other medical conditions. I am aware that I *must* notify the school of any future changes.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_