**Parent/Guardian Agreement**

To protect our children and staff, I agree to keep my child at home if he/she has any of the following symptoms:

|  |
| --- |
| **Watch for ANY of the following symptoms:** |
| * Fever * Chills * Muscle or body aches * Headache * Sore throat * Congestion or runny nose * Fatigue * Nausea/vomiting * Diarrhea * New or persistent cough * New loss of sense of taste or smell * Difficulty breathing |

If my child has any of these signs of COVID-19, I will not send him/her back to school or camp until:

* + My child tested negative for COVID and is otherwise well enough to go back to school or camp **OR**
  + A healthcare provider has seen my child and documented a reason for the symptoms other than COVID

**OR**

* + All are true: 1) at least 10 days since the start of symptoms AND 2) fever free off anti-fever medicines for 1 day AND 3) symptoms are getting better.

If my child is diagnosed with COVID-19, I will not send him/her back to school or camp until the following:

* + It has been at least 10 days since my child first had symptoms

**AND**

* + My child has had no fever off anti-fever medicines (ex: Tylenol, Ibuprofen) for 1 day

**AND**

* + My child’s symptoms are getting better

If someone in my household is diagnosed with COVID-19 or my child is exposed to COVID-19, I will keep him/her home for 10 days.

If someone in my household develops any symptoms from the table above, I will get them tested for COVID-19. Find your nearest testing site here: <https://www.phila.gov/testing>. If that person tests positive, I will keep my child home for 10 days.

Child’s name:

Parent/guardian name:

Parent/guardian signature:

Date: