



COVID-19 ACKNOWLEDGEMENT

During the COVID-19 pandemic, we want to work together with students and families to protect everyone's health and safety. An important part of our health plan includes daily checks by everyone for COVID-19 symptoms and/or risk factors. **Students, with the assistance of family, must be checked every day before school for COVID-related symptoms.** Students must stay home if they are sick. Students cannot come to school if they are showing any symptoms related to COVID-19. We must all work together to protect the health and safety of our Keefe Tech community. Being consistent with these daily health checks is one way we can protect our school and prevent any possible spread of the virus at school.

As a parent/guardian I agree to the following:

- I will complete a daily health check of my child for potential COVID-19 symptoms.
- I understand that students **cannot come to school** if they have any COVID-19 symptoms, including:
 - Fever (100° Fahrenheit or higher)
 - Chills or shaking chills
 - Cough (not due to a diagnosed, chronic health condition)
 - Difficulty breathing or shortness of breath
 - New loss of taste or smell
 - Sore throat
 - Headache, if severe or in combination with any other symptom
 - Nausea, vomiting, or diarrhea
 - Fatigue, when in combination with any other symptom
 - Nasal congestion or drainage (not due to a chronic health condition such as allergies), when in combination with any other symptom
- If my child has any of the above symptoms, I will keep them home and I will contact the school attendance secretary as soon as possible.
- I understand that my child will not be allowed into the building if they:
 - Have recently tested positive for COVID-19 or are waiting for a COVID-19 test result
 - Have been in close contact with a person who has been diagnosed with COVID-19 within the past 14 days
 - Have currently been told to quarantine due to possible COVID-19 exposure
 - Have traveled outside the U.S. within the last 14 days
 - Have traveled to a high-risk state in the U.S. as listed in the Massachusetts COVID-19 Travel Order (<https://www.mass.gov/info-details/covid-19-travel-order>)

- While at school, I understand that my child has to:
 - Wear a mask/face covering at all times when in the building (except during scheduled mask breaks and meals/snacks; refer to our Mask Policy for further information)
 - Maintain 6 feet of social distance from others at all times while in the building, (except during select CTE shop activities when additional safety measures are in place.)

- I understand that if my child begins to show any of the above symptoms during the school day, they will be seen by the nurse and I will be contacted for immediate dismissal.

- If my child is dismissed due to any COVID-related symptoms, my child must meet the following guidelines to return to school:
 - A medical provider has decided that the student has/had an illness other than COVID-19 and has cleared the student to return to school. (You must provide a note from the doctor, as well as consent for the school nurse to speak with the medical provider)
 - OR**
 - The student had a negative PCR test result for COVID-19. You must provide the school with paperwork from the medical provider who treated your child. This note should include the negative lab result, the alternate diagnosis, date of diagnosis, and any other important health information. The student must be fever-free for 24 hours and without other COVID-19 symptoms. Note must include the doctor’s contact information along with a signed consent for the school nurse to communicate with the medical provider.
 - OR**
 - It has been at least 10 days from the start of clinical symptoms.
 - AND**
 - At least 24 hours fever-free without fever-reducing medications like Tylenol or Ibuprofen (ex. Advil).
 - AND**
 - When symptoms have improved, so the student can keep up with the day.

If you have any questions or concerns, please contact a Keefe Tech Administrator and/or our school nurses. Nurses’ Office phone # (508) 416- 2263

By signing below, I agree to follow this safety plan to help keep the students, staff, and school safe.

Date: _____

Student Name: _____ Student Signature: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____