

Bakerstown Presbyterian Children's Center

5825 Heckert Road, Bakerstown, PA 15007

Welcome to the 2020-2021 school year at BPCC! As you know, we have been following the guidelines of the CDC as well as those for our specific area to establish policies in order to open and provide an environment as safe and healthy as possible for everyone.

We have created this waiver in response to the COVID-19 pandemic and are asking all parents to review, sign and return **BEFORE** the first day of school.

****This form is effective for the 2020-2021 school year. You are responsible for screening your child daily before sending them to school. Review these symptoms daily as well as monitoring for a fever.****

One of the best ways to prevent the spread of COVID-19 is to limit exposure to people who possibly have the virus. This is why we are limiting visitors in the building, requiring masks to be worn by all children and staff, and practicing social distancing. We will all need to do our part! Screening your child for symptoms related to COVID-19 before coming to school will be very important! We are asking you to review the symptoms below that are related to COVID-19:

1 symptom		2 or more symptoms
Fever (100.4 or higher)	Lack of smell or taste	Sore Throat
Cough	(new/without congestion)	Runny Nose/Congestion
Shortness of breath	Eye Symptoms (pink eye)	Chills
Difficulty breathing	Nausea or vomiting	Muscle pain or fatigue
Diarrhea		Headache
		Rash

I agree to the following:

1. I understand the above symptoms and confirm that my child, as well as all of our household members, do not have, nor have experienced these symptoms within the past 14 days.
2. I agree that if anyone from our household experiences these symptoms that we will not send our child to BPCC.
3. I confirm that my child, as well as all of our household members, have not been diagnosed with COVID-19 within the past 14 days.
4. I confirm that my child, as well as all of our household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 14 days.
5. I understand that Bakerstown Presbyterian Children's Center cannot be held liable for any exposure to COVID-19 by misinformation on this form and that I am voluntarily participating in preschool at BPCC.
6. I attest that I have not given my child any fever reducing medications within the last 24 hours.
7. I understand if I do not comply with all of the above and knowingly send my child(ren) to school while he/she is experiencing any of the above symptoms, when any member of our household has been exposed to someone with COVID-19 or when any member of our household has tested positive for COVID-19, that our family may be dismissed from BPCC.

In an effort to help prevent the spread of COVID-19 virus, Bakerstown Presbyterian Children's Center is providing best practices related to safety and hygiene.

By signing below, I agree to each statement above and release BPCC and its staff from any and all liability for unintentional exposure or harm due to COVID-19.

Parent's Signature _____ DATE _____

Parent's Name Printed _____

Name(s) of Child(ren) _____

Teacher's Name _____