

COVID-19 PUBLIC HEALTH EMERGENCY ACKNOWLEDGMENT AND DISCLOSURE FOR New Life Academy

This form should be reviewed and signed by all parents/guardians and emergency contacts.

Please read and initial each statement below.

1. ___ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the New Life Academy facility beyond the designated drop-off and pick-up area located at 1331 Ashton Road, Suite F, Maryland 21076. I understand that this procedure change is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein and that they cannot pick up my child unless they also have signed this form.

2. ___ I understand that IF there is an emergency requiring me to enter the New Life Academy facility beyond the designated drop-off and pick-up area, I MUST wash/sanitize my hands before entering and wear a mask at all times. While in the facility, I must practice social distancing and remain at least six (6) ft away from all other people, except for my own child.

3. ___ I understand that in order to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated away from the rest of the children and people located in the facility. I will be contacted by New Life Academy staff as soon as possible, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include: Cough, Shortness of Breath, Chills, Muscle aches, Headache, Sore Throat, Loss of taste or smell, Diarrhea, Fever of 100.0 degrees Fahrenheit or higher.

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected, so please take them seriously.

4. ___ I understand that Children, Parents, and Emergency Contacts, whom have been diagnosed with COVID-19, had symptoms of COVID-19, or otherwise have reason to believe they contracted COVID-19, and who want to return to New Life Academy before completing a 14-day self-isolation period, must present the Director with a medical professional's certification of good health that clears the individual for return. The medical certificate will be forwarded to Aldon Shanklin at newlifeacademy1331.org, who will consult with New Life Academy's administrative team regarding whether the child is able to return to the facility prior to completion of the 14-day period.

5. ___ I agree to wear a mask at all times while dropping off and picking up my child(ren) until notified otherwise by New Life Academy
6. ___ I understand that my child's temperature must be taken prior to their entering the facility, and after lunch/snacks. I agree that on the mornings that I bring my child to New Life Academy, I will take my child's temperature with a personally owned temporal thermometer in the presence of a New Life Academy staff member and I will show the results to the New Life Academy staff member. I agree that my child will have their temperature taken by a staff member following lunch/snack and the results will be shared with me at the end of the day upon my request.
7. ___ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
8. ___ I understand the importance of complying with state, county or local stay-at-home orders and social distancing orders, even when outside of care, in order to control my child's exposure in the local community.
9. ___ I will immediately notify New Life Academy management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify New Life Academy management if I am made aware that anyone from my place of employment is presumed positive or tests positive for COVID-19, and I have been physically present in my place of employment within the last 14 days.
10. ___ I understand and agree that if my child is diagnosed with COVID-19, New Life Academy must notify the State's Licensing Agent and the Maryland Department of Health.
11. ___ I understand that while present in the facility each day my child will be in contact with children, families, employees, and others with access to New Life Academy, who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
12. ___ I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at New Life Academy ("Claims") arising from COVID-19 or related illness.
13. ___ On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue,

discharge, and hold harmless New Life Academy, their employees, agents, and representatives, of and from any Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out from COVID-19 or related illness.

14. ____ I understand and agree that this release includes any Claims based on the actions, omissions, or negligence New Life Academy as well as their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attendance at New Life Academy

I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by New Life Academy may result in termination of all New Life Academy services. I acknowledge that care for my child may be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____ **DOB:** _____

Parent Name: _____

Signature: _____ **Date:** _____

Parent Name: _____

Signature: _____ **Date:** _____

Emergency Contact Name: _____

Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____