BCA Parent/Guardian Pledge

While BCA’s highest priority is the safety of its students, I understand that despite all reasonable efforts by the school, my child can still contract COVID-19 and other infections. In order to reduce the risk, I agree to be an active participant in maintaining my child’s health, wellbeing and safety, as well as the safety of others, by following all the guidelines and expectation outlined by BCA.

* **I pledge** I will have my child/children arrive to school wearing a mask with the expectation that they will wear it at all times, except at mealtimes or while outdoors with at least 6-ft. physical distancing in place.
* **I pledge** I will send my child/children with a lunch and a water bottle each day. *(Drop-off lunches not accepted.)*
* **I pledge** to take my child’s temperature daily and not send my child to school while experiencing any of the following symptoms:
	+ Fever (measured temperature above 99.0)
	+ Chills
	+ Cough
	+ Shortness of breath or difficulty breathing
	+ New loss of taste and/or smell
	+ Nausea or vomiting
	+ Diarrhea
* **I pledge** if my child is exhibiting symptoms (symptomatic) with confirmed COVID-19 or suspected COVID-19 my child will not return to school until he/she is:
	+ Fever free for at least 72 hours WITHOUT use of fever reducing medications AND shows improvement of respiratory symptoms (e.g. cough, shortness of breath)
	+ AND at least 10 days have passed since symptoms first appeared.
* **I pledge** if my child is exhibiting NO symptoms (asymptomatic) with confirmed COVID-19 my child will not return to school until:
	+ At least 10 days have passed since the date of the laboratory test (not the date of the results) and my child remains asymptomatic.
	+ Note, asymptomatic persons who test positive and later develop symptoms should follow the guidelines above for symptomatic persons.
* **I pledge** to keep my child at home for 14 days from the date of close contact with an individual who has a confirmed COVID-19 test result. Close contact is defined as:
	+ Being within 6 feet of a sick person with COVID-19 for about 15 minutes without any PPE (i.e. mask of face covering); OR
	+ Being in direct contact with secretions from a sick person with COVID-19 (e.g. being coughed on, kissing, sharing utensils, etc.)
	+ Living in the same household has a sick person with COVID-19
* **I pledge** to notify Rachel Padgett, rachel.padgett.bca@gmail.com, if my child falls into any of the categories listed above.
* **I pledge** I will pick up my child/children immediately if they become sick while at school.

I have read and understand the COVID-19 Policies and Procedures.

Student Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_