

COVID-19 Parent/Guardian Acknowledgement and Disclosure Form

We all must work together to make our school campus as safe as possible for students, teachers, and staff. While the Deer Valley Unified School District is taking measures to reduce the risk of spreading COVID-19, we need our families to do the same.

You and your child are expected to follow the COVID-19 Code of Conduct as described below. Please read and initial each statement.

1. _____ I will take my child's temperature every day prior to coming to school and conduct a daily screening of my child for COVID-like symptoms prior to my child arriving at school.

2. _____ I will keep my child home from school if my child has any of the following symptoms that are not related to an already diagnosed condition or illness: (This list may be updated by public health authorities in the future.)
 - Fever of 100.0°F or higher
 - Chills
 - Cough
 - Shortness of breath or difficulty breathing
 - New loss of taste or smell
 - Sore throat
 - Fatigue
 - Muscle or body aches
 - Headache
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

3. _____ I have read the Maricopa County Department of Public Health guidance which can be found by visiting <https://www.maricopa.gov/DocumentCenter/View/58863/Home-Isolation-Guidance?bidId=>. This guidance states that a child may not come to school if he/she tests positive for COVID-19 until home isolation requirements have been met, along with other health improvements.

4. _____ I will keep my child home from school if my child has close contact with someone (e.g. household member) who has tested positive for COVID-19 or has COVID-19 like illness and follow recommended quarantine guidance which can be found by visiting <https://www.maricopa.gov/DocumentCenter/View/58864/Quarantine-Guidance-for-Household-and-Close-Contacts?bidId=>.

5. _____ I understand that my child will be sent home if showing any of these symptoms while at school. I agree that I will pick up my child within 1 hour from being notified by the school that my child is being sent home.

6. _____ I understand that this low threshold for keeping kids at home may mean that my child may be away from school more often than in the past, and I will plan for such contingencies.
7. _____ I understand that my child will be required to wear a face covering throughout the day according to the protocols established by the Deer Valley Unified School District.
8. _____ I understand that the school will require my child to wash their hands, use hand sanitizer, and socially distance according to the protocols established by the Deer Valley Unified School District.
9. _____ I understand that the Deer Valley Unified School District will follow the Maricopa County Public Health Department's protocols on the reporting of COVID-19 illness at the school.
10. _____ I will report to the District's COVID-19 reporting form which can be found at <https://url.dvusd.org/COVID19ReportingForm> and I will contact the campus nurse, Nurse Kristina Koan, as well as the campus' designated COVID-19 point of contact, Principal Mark Anderson, if my child has a confirmed positive COVID-19 test result. Principal Anderson may be reached at 623-376-4304. Nurse Kristina may be reached at 623-376-4310 or by emailing Kristina.Koan@dvusd.org.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

School Name: _____

Date: _____