

# 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 Paradise Valley USD 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.

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 100.4 degrees Fahrenheit 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](#) if my child is sick that is attached to this Form.
4. I understand that my child will be sent home if my child has any of these symptoms that are not related to an already diagnosed condition or illness 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.
5. 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.
6. I understand that my child will be required to wear a cloth face mask throughout the day according to the protocols established by the Paradise Valley USD.
7. I understand that the school will require my child to wash their hands and/or use hand sanitizer, and socially distance according to the protocols established by the Paradise Valley USD.
8. I understand that the Paradise Valley USD will follow the Maricopa County Public Health Department's protocols on the reporting of COVID-19 illness at the school.
9. I will report to the school's nurse if my child has a confirmed positive COVID-19 test result.

I, \_\_\_\_\_, certify that I have read, understand, and agree to comply with the provisions listed.  
(Parent/Guardian Name)

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

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

