

Khalsa Montessori School

COVID-19 Health Screening Acknowledgment

Dear Parent/Guardian,

As we make adjustments in order to safely resume classes and provide other educational opportunities, it is important for every member of the school community to know and understand the procedures that Khalsa Montessori School has put in place to protect students, teachers, and the community from COVID-19. Specifically, parents and guardians have an obligation to help prevent the spread of COVID-19 by not sending their child to school if he or she exhibits symptoms of COVID-19. To aid that goal, the COVID-19 KMS Operating Plan for Summer 2020 was emailed to you 6-26-20 or is available at www.khalsamontessori.org/covid-19.

Please review the KMS Operating Plan for Summer 2020 and return this form acknowledging that you have read and understand the Protocols by July 11, 2020. If you have any questions regarding the Protocols, please contact your campus On-Site Coordinator: frontoffice@khalsamontessori.org, kmps@khalsamontessori.org or kmms@khalsamontessori.org.

Symptoms of COVID-19

- Fever of 100.4 degrees or higher, or chills;
- Shortness of breath or difficulty breathing;
- muscle aches;
- sore throat;
- headache;
- fatigue;
- congestion or runny nose;
- cough;
- vomiting;
- diarrhea; or
- new loss of taste or smell.

I hereby acknowledge that I have received the Khalsa Montessori School COVID-19 KMS Operating Plan for Summer 2020. By signing this statement, I acknowledge that I have read and understand these Protocols. I understand that I am expected to screen my child for symptoms of COVID-19 and that I will be expected to keep my child home if he or she exhibits any such symptoms.

Name(s) of Student(s) _____

Parent/Guardian Name(s) (Printed) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name(s) (Printed) _____

Parent/Guardian Signature _____ Date _____