



**Bethany Lutheran CDC**  
**Infectious Disease / Covid-19 Health Policy**

At Bethany CDC the safety of our children and staff is our priority. We are working on creating new procedures daily in order to achieve this goal. Your cooperation is vital to our success! Bethany CDC is following all communicable disease guidelines set forth by Child Care Licensing and the CDC – as always. We understand that we must do our part in keeping your children safe.

In recognition of the risks posed by Covid-19, we are asking each of our families to acknowledge and agree to the following procedures. We will require 1 form per family. ***This form must be turned into the office in order for your child to be admitted to our program. You may bring it with you on your first day back to the school if you are unable to drop it by ahead of time.***

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

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I, (Parent/Guardian) \_\_\_\_\_, (Please list relationship to child[ren] here)

\_\_\_\_\_ agree to be aware of my child(ren)'s health. If my child(ren) or any person within my household show any of the following symptoms, I agree to keep them home:

- Fever over 100.0 (must be checked each morning at home)      -Sore throat
- New cough of any kind      -Diarrhea
- Shortness of breath or difficulty breathing      -Loss of taste or smell
- Lethargic, overly tired, chills, muscle aches      -Known contact with a confirmed Covid-19 case
- Mild respiratory illness / issues      -Headache

I agree to only have my child(ren) in attendance if they are symptom free. I agree to check my child's temperature every morning before school. If my child(ren) or anyone living within my household has any of these symptoms, I understand that they will not be allowed to attend Bethany CDC until they are cleared by a doctor. I agree to notify Bethany CDC of any conditions or changes in my child's health status. I agree to inform Bethany CDC if my child tests positive for Covid-19 so that necessary mandated steps may be implemented. (Bethany CDC agrees to keep your family's identity confidential.) I agree to indemnify and hold Bethany CDC harmless against any damages, loss and claims that occur due to my child's attendance.

Bethany CDC will continue to follow protocols set forth by Child Care Licensing and the CDC in relation to all communicable diseases and specifically Covid-19.

I certify and acknowledge that I have read and understand the Covid-19 Health Policy and agree to the terms listed above.

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

Print Name: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_