

Dear Parents,

Liberty Christian School is once again committed to keeping our school and community as safe as possible for the 2021-2022 school year. This will require the continued support and cooperation of our entire community. We feel confident that we can once again partner effectively to largely reduce risk to our staff and families, however we still cannot eliminate the virus entirely. **Please initial each item and complete the bottom as indicated. Return this to the SNAP Health Portal with your other health forms under “COVID-19.” ONE per LCS family.**

_____ I/we agree to abide by all of the health guidelines set forth by Liberty Christian School which have been provided to me and are on the school’s website.

_____ I/we understand that we are responsible to know the health policy. I/we will ask questions as appropriate if there is a need to have better clarity about expectations for in person schooling.

_____ I/we will monitor for any signs or symptoms of COVID-19 within our family and people with whom we have close ties **and work with our school nurse** for guidance on reentry should any of our family or our close contacts become Covid-19 positive.

_____ I/we are aware that the signs and symptoms of COVID-19 can include the following but may be modified per the Department of Health or the CDC based upon scientific findings.

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|-----------------------------|--------------------|----------------------------|
| *Cough | *Chills | *Unexplained Rashes |
| *Temperature elevation | *Muscle Pain | *Head Congestion |
| *Shortness of breath | *Sore throat | *Rhinitis (runny nose) |
| *Loss of taste and/or smell | *Diarrhea/Vomiting | *Conjunctivitis (pink eye) |

_____ If there is any Covid testing going on in our household, **I/we will keep our student(s) home until the test results are known.** I will communicate with the school nurse as well to determine the date of return to LCS.

_____ I/we will communicate and abide by any travel policies the school deems necessary which can include quarantine and getting a COVID-19 test **before returning to school.**

_____ If I/we come in contact with anyone who develops COVID-19, or anyone in our family develops COVID-19, I/we will monitor for symptoms and keep all of our family members home, which includes LCS siblings, per the LCS health policy and obtain COVID-19 testing before returning to school.

_____ I/we will **openly communicate anything health-related to the school nurse in order to be in full partnership with the school.**

_____ I/we will not send our child(ren) to school with any symptoms of illness nor will I/we premedicate our child prior to school without first taking a temperature and assessing symptoms. Masking symptoms of illness in order to send a student to school **will not be tolerated** as it puts others at risk.

_____ I/we understand that although proper interventions are in place to minimize the risk of COVID-19 transmission, the ability to completely remove risk of transmission is not possible. I/we understand that it is our choice for our child(ren) to attend in person instruction at school.

Parent Signature

Student(s) name(s)

Date