

SUPPLEMENTAL INFORMED CONSENT

Thank you for your continued trust in Heritage Christian School. As with the transmission of any communicable disease like a cold or the flu, you or your child may be exposed to COVID-19, also known as “Coronavirus,” at any time or in any place. Be assured that in connection with the reopening of our Preschool, we have followed state and federal regulations, and recommended universal personal protection and disinfection protocols to limit transmission of the disease on our campus and will continue to do so as long as COVID-19 poses a threat to the health and safety of our school families and staff.

Despite our careful attention to social distancing, use of person protective equipment (i.e., masks and gloves when appropriate) and regular cleaning and disinfecting of classrooms and common areas, there is still a chance that you or your child could be exposed to an illness on our campus, just as you might at any place of public gathering.

Although exposure is unlikely, do you accept the risk and consent to your child attending Heritage Christian Preschool?

- Yes
- No

SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you or your child have been exposed to COVID-19, you may spread the disease to the other students, faculty and staff. Therefore, each day, we will be asking the following questions to reduce the chance of transmission:

Has your child, or others with whom your child has had close contact, tested positive for or been diagnosed as having COVID-19 within the last 14 days?

- Yes
- No

Does your child, or others with whom your child has had close contact, have:
A Fever (defined as 100 degrees or more)?

- Yes
- No

A Cough?

- Yes
- No

Shortness of breath and/or trouble breathing?

- Yes
- No

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Persistent pain, pressure or tightness in the chest?

- Yes
- No

Traveled to highly infected areas outside of place of residency in the last 14 days?

- Yes
- No

I understand that if the answer to any of these questions is yes, my child will be unable to attend Heritage Christian Preschool for at least 14 days from the date of illness or exposure. I also understand that tuition will not be prorated.

Child's Name _____
(Print Clearly)

BOTH PARENTS/GUARDIANS MUST SIGN

Signature of Father (Guardian) _____ Date _____

Name of Father (Guardian) _____
(Print Clearly)

Signature of Mother (Guardian) _____ Date _____

Name of Mother (Guardian) _____
(Print Clearly)