

CONSENT AND AGREEMENT TO CONTINUE CARE

Care Provider:

School District Facility:

Student Name:

Date of Birth:

Acknowledgement of COVID-19 outbreak and risks:

I understand that an outbreak of the COVID-19 virus has occurred in the State of Washington and that the virus is novel and may cause known, unknown, foreseen, and unforeseeable risks. I understand that the virus poses health risks to those who contract it and to those who come into contact with individuals who have contracted it. I understand that the virus may pose a higher risk to certain individuals such as those who are immunocompromised, have chronic medical conditions, are pregnant, and in older adults. I understand that the virus may cause illness and symptoms including fever, cough, shortness of breath, mild to severe respiratory illness, and death. I understand that care facilities are currently allowed to continue to operate during the COVID-19 outbreak, but that the virus is highly contagious and cannot be eliminated from the care environment.

Requirements for continued care:

I agree that if my child shows any sign of illness, I will not bring my child to the building. I agree that if my child or an individual that my child has been in close contact with is confirmed to have contracted COVID-19, I will immediately remove my child from care and notify the following individual:

Name: _____ [Care provider and/or district contact]

Telephone: _____

Email: _____

Acknowledgement of risk; consent for participation; release of claims:

I acknowledge that I have read and understand the foregoing, understand that there are inherent risks of my child's continued participation in care during the current COVID-19 outbreak including those outlined above, and understand that such risks cannot be eliminated from the care environment. I certify that I am the parent and/or legal guardian of the above-named child, that I accept and agree to be bound by the requirements for continued care above, and give permission for my child to continue to participate in care with the provider and at the facility stated above. I release all and hold the District harmless of all claims that may arise out of or in connection with this Consent and Agreement to Continue Care and/or related in any way to COVID-19.

Signature: _____ Date: _____

Name: _____

Telephone: _____

Email: _____