

Taos Municipal Schools Parent/Guardian Agreement

To protect our students and staff, I agree to keep my student at home if he/she has:

- Fever (a temperature of 100.0 or more) or chills
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Muscle pain or body aches
- Fatigue
- Headache
- New loss of taste or smell
- Congestion or runny nose
- Nausea, vomiting, or diarrhea

If my student has any of these signs of COVID-19, I will not send him/her back to school until:

- My student tested negative for COVID and is otherwise well enough to go back to school **OR**
- A healthcare provider has seen my student and documented a reason for the symptoms other than COVID
- OR**
- All are true: 1) 7 days since symptoms first appeared AND 2) fever free off anti-fever medicines for 24 hours AND 3) other symptoms have improved, such as cough and shortness of breath.

I will send my student to school with a mask and support them wearing it while at school.

I will wait at the bus stop while my student's temperature is taken and not leave until my student is cleared.

- If my student has a temperature is 100 or above, or any other visible COVID-19 symptoms when boarding the bus, I will take my student back home.

I will return to the school to pick up my student if my student has a temperature is 100 or above, or any other visible COVID-19 symptoms, the nurse will screen your student and reach out to pick up my student

If my student is diagnosed with COVID-19, I will not send him/her back to school until the following:

- It has been at least 7 days since my students first had symptoms **AND**
 - My student has had no fever off anti-fever medicines (ex: Tylenol, Ibuprofen) for 24 hours
 - My student's symptoms are getting better, such as a cough and shortness of breath
- AND**
- **My child has been released to return to school by a medical practitioner OR**
 - **Has a letter of 'recovery' from the Department of Health**

If someone in my household develops new cough, shortness of breath or two of the following: sore throat, chills, muscle pain, headache, new loss of taste or smell, I will get that person tested for COVID-19. If that person tests positive, I will keep my student home for 14 days.

If someone in my household is diagnosed with COVID-19 or my student is exposed to COVID-19, I will keep him/her home for 14 days and symptom free (as above). The school district will provide on-line learning during this time or paper packets if there is no internet access.

Student's name: _____

Parent/guardian name: _____

Parent/guardian signature and Date: _____