

Taos Municipal Schools

Parent/Guardian COVID-19 Agreement

To protect our children and staff, I agree to keep my child 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 child has any of these signs of COVID-19, I will not send him/her back to school until (Department of Health criteria):

- My child tested negative for COVID (for free testing, contact Holy Cross, Dept. of Health, El Centro or curative.com) **OR**
- A healthcare provider has seen my child and documented a reason for the symptoms other than COVID **OR**
- All are true: 1) 10 days since symptoms first appeared AND 2) fever free off any anti-fever medicines for 24 hours AND 3) other symptoms have improved, such as cough and shortness of breath.

I will send my child to school with a district approved multi-layered mask and support them wearing the mask while at school. It is also recommended that students have 2 additional masks with them.

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

- If my child has a temperature of 100.0 or above, or any other visible COVID symptoms when boarding the bus or arriving at the school, I will take my child back home.

I will return to the school to pick up my child if the nurse has screened him/her and determined there are symptoms of illness. Your child can be tested for free at Holy Cross, Dept. of Health, El Centro or curative.com

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

- It has been at least 10 days since my child's first had symptoms **AND**
- My child has had no fever, and is off any anti-fever medicines (ex: Tylenol, Ibuprofen) for 24 hours **AND**
- My child's symptoms are getting better, such as a cough and shortness of breath, etc. **AND**
- My child's health care provider has provided a note

If my student arrives on campus after 8:30am (unless otherwise authorized), I understand that they will not be allowed to attend in person class but will be asked to return home and participate remotely.

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. I will keep my child home until test results are received. If that person tests positive, I will notify the building principal and keep my child home for 10 days from the last day the family member is released from isolation.

If someone in my household is diagnosed with COVID, or my child is exposed to COVID, I will notify the building principal and keep my child home for 10 days from the last day the family member is considered infectious by Department of Health criteria as stated above. The school district will provide on-line learning during this time or paper packets if there is no internet access.

Child's name: _____

Child's signature and Date: _____

Parent/guardian name: _____

Parent/guardian signature and Date: _____