

Dear CGESD Parents and Guardians,

Attached please find a form entitled, ***COVID-19 Parental Acknowledgement and Disclosure***. It is important that you read it carefully, sign it, and return it to us before attending school or any on-site support services.

At a time when so much misinformation is circulating, we want you to clearly understand your responsibilities—and our objectives—when it comes to the safety of your child and our teachers, administrators, and staff.

While the form may seem long and detailed, the messages are those you've heard before:

- **If your child is sick or experiencing symptoms which may include, but is not limited to, they must stay home:**
  - **Fever of 100.4 degrees Fahrenheit or higher.**
  - **Shortness of breath**
  - **Loss of taste or smell**
  - **Headache**
  - **Cough**
- **If your child comes into contact with someone who may have COVID-19, or who tests positive for COVID-19, you must let us know.**

The form also confirms the school's and district's intent to:

- **Monitor students for symptoms that could indicate a coronavirus infection, and if they do show symptoms, to call you right away to pick them up and take them home.**
- **Remain aware of updates to CDC (and other health agencies) guidelines, in order to ensure decisions made for CGESD are in the best interest of student/staff safety and our students' learning needs.**

Please contact school site leadership if you have any questions. Thank you for being our trusted partner and for helping us stay vigilant against this very serious illness.

Sincerely,

Jo Etta Gonzales, PhD  
Superintendent

**CASA GRANDE ELEMENTARY SCHOOL DISTRICT  
COVID-19 Parental Acknowledgment and Disclosure**

Each statement below should be read and initialed by either a parent or the child's guardian.  
**Signature by a parent or the child's guardian is required.**

1. \_\_\_\_\_ I understand that it is my responsibility to inform other members of my household of the information contained in this document.
2. \_\_\_\_\_ I understand that, while present at school or a designated on-site support services facility each day, my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19. I understand that the members of my family play a crucial role in keeping everyone at school safe and reducing the risk of exposure by following the practices outlined herein.
3. \_\_\_\_\_ I understand that in order to attend school or a designated on-site support services facility, my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the class and moved to a supervised, secure area. I will be contacted, and my child **MUST** be picked up within 1 hour of being notified.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Any other symptom of illness, whether or not you believe it's related to COVID-19

While the District understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency.

Your child will need to be symptom-free, without any medication, for 24 hours (one full day) before returning to school.

4. \_\_\_\_\_ I will immediately notify the Site Point of Contact if I become aware that my child has had close contact with any individual who has been

diagnosed with COVID-19. The CDC defines “close contact” as being within six (6) feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.

- 5. \_\_\_\_\_ I understand that my child may need to quarantine or isolate for a designated period of time (10 days) as recommended by health officials, if they are exposed to someone who is COVID-19 positive.
- 6. \_\_\_\_\_ I understand that as the parent/guardian, I will need to take my child’s temperature prior to coming to school or a designated on-site support services facility. I understand that, as the parent/guardian, I must also conduct daily self-screening of my child for symptoms prior to the child arriving at school/facility.
- 7. \_\_\_\_\_ I understand that throughout the course of the day my child will be required to wash their hands using CDC-recommended handwashing procedures. My child’s temperature may be taken throughout the course of the day.
- 8. \_\_\_\_\_ I understand that during this COVID-19 pandemic, if I enter district facilities, I may be asked to comply with public health safety measures, like washing hands, and maintaining social distance.

I, \_\_\_\_\_, certify that I have read, understand, and agree to comply with the provisions listed herein.

Child’s Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_