Lakeside Preparatory



Parent/Guardian COVID-19 Health Agreement

**To protect the students and staff of Lakeside Preparatory, I agree to keep my child at home if he/she has:**

• Fever (a temperature of 100.4 or more)

• Cough and/or constant runny nose

• Sore throat

 • Chills

 • Muscle pain

• Headache or lethargic

• New loss of taste or smell

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

• My child tested negative for COVID and is otherwise well enough to go back to school OR

• A healthcare provider has seen my child and documented a reason for the symptoms other than COVID OR

• All are true: 1) at least 10 days since the start of symptoms AND 2) fever free without medicines for 4 days AND 3) symptoms are getting better.

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

• It has been at least 10 days since my child first had symptoms **AND**

• My child has been fever free without medicines (ex: Tylenol, Ibuprofen) for 4 days **AND**

• My child’s symptoms are getting better

**If someone in my household is diagnosed with COVID-19 or my child is exposed to COVID-19**, I will keep him/her home for 14 days.

**If someone in my household develops new cough, shortness of breath or two of the following:** sore throat, chills, muscle pain, headache, lethargic, runny nose, new loss of taste or smell, I will get that person tested for COVID-19. I will keep my child at home while waiting on the test results. If that person tests positive, I will keep my child home for 14 days.