



Bryan County Schools Parent Partnership Pledge

I pledge to partner with Bryan County Schools to keep students and staff safe. This pledge highlights my family's commitment to assist in creating and maintaining a safe and highly engaging learning environment.

- **I pledge** to provide and require my child to wear a mask while riding the bus and at school.
- **I pledge** to take my child's temperature daily and not send my child to school while experiencing any of the following symptoms:
 - Fever (measured temperature above 100.4)
 - Chills
 - Cough
 - Shortness of breath or difficulty breathing
 - New loss of taste and/or smell
 - Nausea or vomiting
 - Diarrhea
- **I pledge** if my child is exhibiting symptoms (symptomatic) with confirmed COVID-19 or suspected COVID-19 my child will not return to school until he/she is:
 - Fever free for at least 24 hours WITHOUT use of fever reducing medications AND shows improvement of respiratory symptoms (e.g. cough, shortness of breath) **AND**
 - At least 10 days have passed since symptoms first appeared.
- **I pledge** if my child is exhibiting NO symptoms (asymptomatic) with confirmed COVID-19 my child will not return to school until:
 - At least 10 days have passed since the date of the laboratory test (not the date of the results) and my child remains asymptomatic.
 - Note, asymptomatic persons who test positive and later develop symptoms should follow the guidelines above for symptomatic persons.
- **I pledge** to keep my child at home and follow the rules set forth by the Bryan County Board of Education if they are within close contact of an individual who has a confirmed COVID-19 test result. Close contact is defined as:
 - Being within 6 feet of a sick person with COVID-19 for about 15 minutes and not wearing a face covering; OR
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g. being coughed on, kissing, sharing utensils, etc.).
 - Living in the same household as a sick person with COVID-19
- **I pledge** to notify the school nurse if my child falls into any of the categories listed above.

Student Name (print): _____

Parent/Guardian Signature: _____