

# SEACOAST CHRISTIAN ACADEMY

## Health and Wellness School-Parent Agreement Preschool, Elementary and Middle/High School

In an effort to protect our students and staff from COVID-19 exposure, we are setting up in-school protocols that clearly communicate the health and safety practices we will be instituting this school year. We ask that families partner with us to help keep kids safe by agreeing to do their part outside of the school day.

### At Home Parent/Guardian Expectations:

1. Do not send sick students to school. Check your child daily for COVID-19 symptoms:
  - fever or chills
  - cough
  - shortness of breath or difficulty breathing
  - loss of taste or smell
  - fatigue
  - muscle or body aches
  - headache
  - sore throat
  - congestion or runny nose
  - nausea or vomiting
  - diarrhea
  - loss of appetite
2. Report a positive COVID-19 test result to the school immediately.
3. Report contact with a positive COVID-19 patient and self-quarantine for 14 days.

### The CDC considers “close contact” as:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

- You were within 6 feet of someone who has COVID-19 for at least 15 minutes
  - You provided care at home to someone who is sick with COVID-19
  - You had direct physical contact with the person (touched, hugged, or kissed them)
  - You shared eating or drinking utensils
  - They sneezed, coughed, or somehow got respiratory droplets on you
4. Check email daily for any messages or updates from school.
  5. Provide a clean face mask for your child each day to wear at school.

***STUDENTS WHO EXHIBIT COVID-19 SYMPTOMS WHILE AT SCHOOL WILL BE QUARANTINED IN A SEPARATE AREA OF THE BUILDING AND MUST BE PICKED UP IMMEDIATELY.***

### School Protocols

Morning drop-off will require a quick temperature check while the student is in your vehicle before being permitted to enter the school. Once in their classroom, they will remain at their designated desk for the whole school day. Resource classes such as Art, Computers, etc. will be provided with the classroom setting as much as possible to reduce exposure to other areas of the building. Group events such as lunch, recess, etc., will be done with controlled, small groups.

The City of Jacksonville currently has a mask mandate, so we are asking that staff and students age 6 or older wear a facemask at all times in common areas of the school, especially when in close

proximity to others. Parents are asked to provide a clean face mask for their children daily.

SCA Administration will be monitoring daily health conditions at the school. Should a student or staff member test positive for COVID-19, we will follow health department guidelines for contact tracing and notify those people that have been directly exposed. Due to FERPA and HIPAA requirements, information will be shared on a case-by-case basis to families and students who may have come in contact with a person who has tested positive.

- Students and Parents are asked to respect the privacy of others.
- The school will monitor the daily health conditions on campus, and modifications may be made to our program if required.

### **Parent Acknowledgement and Waiver of Liability**

I understand with my there are potential risks involved with my child's attendance at school. These risks may include exposure to coronavirus (COVID-19), required quarantine, and COVID-19 health complications.

By enrolling my child in the educational program at Seacoast Christian Academy, I hereby release, waive, and discharge Seacoast Christian Academy, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claims or damages resulting from exposure to and/or contracting the corona virus (COVID-19) or other biological agents, virus or similar bacteriological agent by me or my child/student attendance at and participation in the preschool/school/and/or/extended day care program, including any medical expenses, injury and/or death.

I have read, understand, and agree to the terms of the Seacoast Christian Academy Health and Wellness Parent Agreement.

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**Print Student Name(s)**

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**Print Parent Name**

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**Signature of Parent/Guardian**