

**SOLANA BEACH SCHOOL DISTRICT  
PARENT/GUARDIAN HEALTH AND SAFETY AGREEMENT  
FOR ONSITE INSTRUCTION  
FOR THE 2020-2021 SCHOOL YEAR**

I have read, understand, and agree to the following terms and conditions:

1. **COVID-19 Plan.** Parent/Guardian acknowledges that he/she has received and reviewed the District's "Guide to Reopening Schools 2020-21" which is available online: [www.sbsd.net/reopening](http://www.sbsd.net/reopening)

Parent/Guardian agrees to review the District's "Guide to Reopening Schools 2020-21" with their child(ren), including:

- a. Face Coverings and Other Protective Gear
- b. Lunch and Recess Protocols
- c. Arrival/Dismissal Protocols
- d. Healthy Hygiene
- e. Restroom Protocol

In order to prevent the spread of COVID-19, the District will also review these rules and protocols with students throughout the school year.

2. **Daily Home Health Screening of Child(ren).** Parent/Guardian agrees to screen their child(ren) for COVID-19 before taking child(ren) to school each day. Specifically, Parent/Guardian agrees to do all of the following:

- a. Parent/Guardian shall screen child(ren) for any of the following symptoms associated with COVID-19: dry cough, shortness of breath or difficulty breathing, chills, unexplained fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or a new rash. Parent/Guardian agrees that if child(ren) presents with any of these symptoms, Parent/Guardian will not send child(ren) to school.
- b. Parent/Guardian shall take the temperature of child(ren) using an operable thermometer. Parent/Guardian agrees that if child(ren) has a fever of 100 degrees F or greater, Parent/Guardian will not send child(ren) to school. Parent/Guardian further understands and agrees that their child(ren) will not be sent to school if child(ren) has been administered medication for the purpose of reducing a fever within the last 24 hours.
- c. In the event child(ren) has had close direct contact with someone who has tested positive for COVID-19, Parent/Guardian will not send child(ren) to school. Parent/Guardian shall notify their school **immediately** that the student has been kept home for this reason to ensure the safety of all students and staff at the school. Parent/Guardian understands that their child(ren) will be asked to quarantine for 14 days at home, starting the date they had their last direct close contact with the individual who tested positive for COVID-19. If the child(ren) develops symptoms during this time, Parent/Guardian should contact their medical provider. Their child(ren) will need to remain at home for 10 days from when their symptoms first appeared **AND** 24 hours after their fever is completely

gone (without fever reducing medication) **AND** their symptoms have improved **AND** they have been released to return to school by a medical provider.

3. **Health Screenings at School.** Parent/Guardian understands and agrees that all students shall undergo the following District administered Daily COVID-19 Symptom screener upon arrival at school each day:
  - a. Student (or Parent/Guardian) will be asked questions regarding whether student or any member living in the home is currently experiencing any of the symptoms associated with COVID-19.
  - b. Student (or Parent/Guardian) will be asked questions regarding whether student has been recently exposed to someone who tested positive for COVID-19 within the last 14 days.
  - c. Student's temperature will be taken using a touchless thermoscan thermometer.

Parent/Guardian understands and agrees that child(ren) must be successfully screened prior to being allowed to enter campus each day. Parent/Guardian also understand that they will accompany their K-3 grade child(ren) to the daily screening. Parent/Guardian further understands and agrees that, unless exempt, child(ren) and Parents/Guardians shall wear facial coverings during the screening process.

4. **Face Coverings.** Parent/Guardian understands and agrees that unless exempt, students in grades K–6 must wear face coverings. Facial masks with valves/vents are not permitted at school. Parent/Guardian understands and agrees that his/her child(ren) may be excluded from school if they refuse to wear face covering.
5. **Exhibiting Symptoms at School.** Parent/Guardian understands and agrees that if their child exhibits COVID-19 symptoms during the school day, Parent/Guardian will be notified and will pick up their child(ren) from school as soon as reasonably possible but no later than within one hour after being notified by the District. When Parent/Guardian arrives at school, Parent/Guardian will call the school office and remain in their vehicle. A staff member will bring their child(ren) to the car.
6. **Disclosure to Help Prevent Community Spread of COVID-19.** Parent/Guardian understands and agrees that if their child(ren) tests positive for COVID-19 they need to notify their school ***immediately*** in order to protect all students and staff at the school. If the child(ren) tests positive for COVID-19, the District is required to notify the San Diego Health & Human Services Agency. Additionally:
  - a. In order to conduct contact tracing within our school, the District may be required to contact the child(ren)'s close contacts who may have been exposed to the virus. To protect student privacy, the District will only inform close contacts that they may have been exposed to someone with the infection. The District will not disclose the identity of the child(ren) who may have exposed them.
  - b. To help protect against community spread, the District will be performing its own contact tracing. Parent/Guardian agrees for the District to ask their child(ren) and Parent/Guardian questions about everyone within the school community who a

child(ren) may have had close contact with during the timeframe they may have been infectious.

7. **Nondiscrimination**. The District prohibits discrimination against any student who has been diagnosed with COVID-19, whose family member has been diagnosed with COVID-19, or who is perceived to be a COVID-19 risk. If you feel your child(ren) is being discriminated against as a result of COVID-19, please notify the District immediately.
8. **Responsibility to Quarantine**. Parent/Guardian understands that the District may direct his/her child(ren) to quarantine because their child(ren) has been in close contact with someone who has been confirmed to have COVID-19. If directed to quarantine, Parent/Guardian understands and agrees to the following:
  - a. Students who are required to quarantine, but feel well enough to participate in distance learning, are expected to continue to attend school through the District's Distance Learning Program or may request an Independent Study contract.
  - b. Students who are required to quarantine at home for 14 days, may return to in-person instruction on the 15<sup>th</sup> day, unless they develop symptoms.
  - c. If an entire cohort (class) is quarantined, the teacher will provide distance learning for the entire class.
  - d. Students who are required to quarantine **may not** leave their place of quarantine or enter another public or private place except to get necessary medical care during the 14-day quarantine period.
9. **Visitors**. Parent/Guardian understands that due to the current public health emergency, visitors will not be permitted on campus.
10. **Recommended At-Home Cleaning Procedures**. In order to prevent the spread of COVID-19, the District encourages Parent/Guardian to, on a daily basis, clean their child(ren)'s commonly touched items such as face coverings, backpacks, lunch boxes, water bottles, and clothes.
11. **Flu Vaccine**. We encourage all families to have their children immunized against influenza this year. The American Academy of Pediatrics recommends that all students get the flu vaccine by the end of October 2020. Experts have emphasized the importance of the flu shot this year in preventing a combined pandemic with both the flu and COVID virus circulating.

**PLEASE SEE SIGNATURE LINE ON NEXT PAGE**

I have received, read, understand, and agree to all the above terms set forth in the Solana Beach District's Parent/Guardian Health And Safety Agreement For Onsite Instruction for the 2020-2021 School Year.

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Student Name

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School of Attendance

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Student Name

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School of Attendance

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Student Name

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School of Attendance

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Student Name

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School of Attendance

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date