



COVID-19 Parent and Guardian Acknowledgement and Disclosure Form

Health and safety remain our top priority as we make each decision while continuing to navigate this global pandemic. In order to make our campuses as safe as possible for our students, staff, and community we must all work together. While Peoria Unified is taking measures to reduce the risk of COVID-19, we need our families to do the same.

To slow the spread, it is important to know the symptoms of COVID-19 listed below:

- Fever of 100 degrees Fahrenheit or higher
- Chills
- Cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Sore throat
- Fatigue
- Muscle or body aches
- Headache
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Additional updates may be made in accordance with Arizona Department of Public Health (ADHS), Centers for Disease Control (CDC), Executive Orders issued by Governor Doug Ducey and the decisions made by the district's Governing Board and Leadership Team. Some procedures and protocols may vary by school based on enrollment or layout of school campus and will be shared with parents by school principals.

You and your child are expected to follow the COVID-19 Code of Conduct as described on the reverse side.

COVID-19 Code of Conduct



Please read and initial each statement.

1. _____ I will take my child's temperature every day prior to coming to school and conduct a daily screening of my child for COVID-like symptoms prior to my child arriving at school.
2. _____ I will keep my child home from school if my child has any of the symptoms previously listed on the reverse side that are not related to an already diagnosed condition or illness. (This list may be updated by public health authorities in the future.) If my child has one or more of the symptoms of COVID-19 listed previously, my child may have to be absent until, (1) 10 days have passed since symptoms first appeared **AND** (2) 24 hours fever free without the use of fever reducing medications **AND** (3) other symptoms are improving.
3. _____ I have read the [Maricopa County Department of Public Health Guidance](#) on what to do if my child is sick. *Please note a copy of this guidance is attached to this document.*
4. _____ I understand that my child will be sent home if they have any of the symptoms previously listed while at school. I agree that I will pick up my child within 1 hour from being notified by the school that my child is being sent home.
5. _____ I understand that this low threshold for keeping kids at home may mean that my child may be away from school more often than in the past, and I will plan for such contingencies.
6. _____ I understand that my child will be required to wear a face mask covering the nose and mouth throughout the day according to the protocols established by the Peoria Unified School District.
7. _____ I understand that the school will require my child to wash their hands, use hand sanitizer, and socially distance according to the protocols established by the Peoria Unified School District.
8. _____ I understand that the Peoria Unified School District will follow the Maricopa County Public Health Department's protocols on the reporting of COVID-19 illness at the school.
9. _____ I will report to the school nurse if my child has a confirmed positive COVID-19 test result.

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

Child's Name: _____

Guardian Name: _____

Guardian Signature: _____ Date: _____