

COVID-19 Student Contract

Student's Name: _____

Date: _____

Please read and check the agreements below:

- I, _____ agree to inform the appropriate administrator *and* will NOT come to school if I become ill or experience any of these symptoms:
- Fever of 100°F or higher
 - Respiratory or flu-like symptoms including chills, cough, muscle aches, sore throat
 - Shortness of breath or difficulty breathing
 - New loss of taste or smell
 - New rashes or lesions, especially on the feet
- If I become ill while at school, I will notify an administrator and leave school immediately. I will update the appropriate administrator as to my health status as it changes.
- If I become ill, I will be 3 days symptom-free before returning to school and at least 10 days have passed since symptoms first appeared.
- If I test positive for COVID-19, I will notify the school immediately and may be asked to communicate with local health departments to begin contact tracing procedures. I will not return to school until:
- A. Symptomatic: At least 72 hours have passed since recovery, which includes resolution of fever without medication; **and** improvement in respiratory symptoms (cough, shortness of breath); **and** at least 10 days have passed since symptoms first appeared.
 - B. Asymptomatic: 10 days have passed since my positive test (assuming no symptoms have arisen since that test; if symptoms have arisen, follow symptomatic guidelines).
- If someone in my household tests positive for COVID-19, I will self-quarantine for 14 days and will work with my instructors for continuing my learning plan at home as applicable.
- I will honor social distancing guidelines and will wear a face covering as directed while at school.
- I will practice good hand hygiene both at home and at school.
- I will honor all new COVID-19 related school protocols to keep my fellow students, instructors, and administrators safe.
- I will abide by all new student clinic and demonstration protocols to keep clinic clients, instructors, and fellow students safe.
- I understand that any of my diagnoses or health updates provided to the school will be handled in a confidential manner within the confines of local and state health department regulations for pandemic protocols.

By signing below, I acknowledge that I understand and agree to adhere to this student contract.

Signature _____

Date _____

