



Covid-19 Policy Agreement

I agree:

1. To keep student at home if they are showing any of the following symptoms:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion
 - Nausea or vomiting
 - Diarrhea
2. To keep student at home if they or anyone in the household has been in close contact with anyone who has tested positive for COVID-19
3. To keep student at home if they or anyone in the household has exhibited symptoms of COVID-19
4. To monitor ourselves and others in our household on a regular basis, and will notify GALA:
 - If anyone in the household has a fever
 - If anyone in the household has coronavirus symptoms including cough, shortness of breath and other symptoms listed by CDC.
5. To allow a GALA employee to take student's, and any family member's, temperatures via a Contactless Infrared thermometer before entering the Bishop Conaty Campus.
6. That if the thermometer shows that the student or family member has a fever the student will not be allowed on campus until symptoms subside and/or negative test results are provided.
7. That all students and family members are required to wear a mask covering both their mouth and nose for their entire time on the Bishop Conaty Campus.
8. That if a student or family member refuses to adhere to these policies they will be asked to leave immediately.
9. That students and families will practice physical distancing at all times.
10. That students and families will practice frequent and thorough handwashing.
11. To fill out a daily survey indicating if anyone in the household has been in close contact with anyone who has tested positive for COVID-19 or has exhibited symptoms of COVID-19



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By typing OR signing the Covid-19 Policy Agreement and Student Information and Registration Form you state that you and your student have read and fully understand the above information, agree to all covid policies, and assume all risks.

Parent/Guardian Signature _____ Date: _____

Student Signature _____ Date: _____

Student Name: _____