

INFORMED CONSENT DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about schooling in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between you/your child and Denver Christian Academy (“DCA”).

Risks of Opting for In-Person Services

You understand that by attending DCA during this period, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, bus, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

In order for your child to continue attending in-person schooling at DCA, you/your child agree to take certain precautions which will help keep everyone (you, me, and our families, colleagues and other students) safer from exposure.

Initial each provision to indicate that you understand and agree to these actions:

- Your child will only attend school if they are symptom free. (____)
- You will take yours and your child’s temperature before coming to the school campus. If it is elevated (99.6 Fahrenheit or more), or if you have other symptoms of the coronavirus, you/your child agree not to come into school and to notify the proper school official. (____)
- You will adhere to the safe distancing precautions we have implemented in the school. (____)
- You will take steps between school sessions to minimize you/your child’s exposure to COVID. (____)
- If you have a job that exposes you or your child to other people who are infected, you will inform the school immediately. (____)
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let DCA know. (____)
- If a resident of your home tests positive for the infection, you will immediately let DCA know.(____)
- You/your child will adhere to the screening flow chart provided pertaining to the handling of suspected, presumptive or confirmed cases of Covid-19.(____)

Face Covering - Please check one of the following

My child will wear a mask at school

My child will not wear a mask due to medical or behavioral reasons

Informed Consent

This agreement supplements any agreement that you/your child has with DCA. This document supersedes any previous agreements, oral or written, regarding DCA’s policies and procedures related to the Covid-19 virus.

Your signature below shows that you agree to these terms and conditions.

Signature: _____
Parent/Guardian Printed Name: _____ Date _____

Child/Children’s Name(s): _____