

**COVID-19 PUBLIC HEALTH EMERGENCY
ACKNOWLEDGMENT AND DISCLOSURE FOR
MT ZION UMC PRESCHOOL**

This form should be reviewed and signed by all parents/guardians and emergency contacts.

Please read and initial each statement below.

1. ___ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the **Mt Zion UMC Preschool** facility beyond the designated drop-off and pickup area located at 27108 Mt Zion Church Rd Mechanicsville MD 20659. I understand that this procedure change is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any emergency contact persons of the information contained herein and that they cannot pick up my child unless they also have signed this form.

2. ___ I understand that IF there is an emergency requiring me to enter the Mt Zion UMC Preschool facility beyond the designated drop-off and pickup area I MUST wash/sanitize my hands before entering and wear a mask at all times. While in the facility, I must practice social distancing and remain at least six (6) feet away from all other people, except for my own child.

3. ___ I understand that to enter the facility my child must be free from COVID-19 symptoms. If any of the following symptoms appear during school, my child will be separated from others in the facility. I will be contacted by Mt Zion UMC preschool staff as soon as possible and my child must be picked up from the facility within thirty (30) minutes of being notified.

Symptoms include cough, shortness of breath, chills, muscle aches, headache, sore throat, loss of taste or smell, diarrhea, and/or fever of 100.0 degrees Fahrenheit or higher.

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this public health emergency. These symptoms typically appear two to seven days after being infected.

4. ___ I understand that individuals (such as children, parents, guardians, and emergency contacts) who have been diagnosed with COVID-19, had symptoms of COVID-19, or otherwise have reason to believe that they have contracted COVID-19; and who want to return to Mt Zion

Preschool **before** completing a 14-day self-isolation, must present the director with a medical professional's certification of good health that clears the individual for return.

5. ___ I agree to wear a face covering while dropping off and picking up my child(ren) until otherwise notified by Mt Zion UMC preschool.

6. ___ I understand that my child's temperature must be taken prior to entering the facility at Mt Zion UMC preschool. I understand that the person responsible for dropping my child off at Mt Zion UMC preschool will be responsible for taking my child's temperature in the presence of a staff member. This number may be recorded for informational purposes.

7. ___ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm running water and soap for at least 20 seconds. I understand that teachers are not allowed to facilitate the use of hand sanitizer.

8. ___ I understand the importance of complying with state, county or local stay-at-home and social distancing orders, even when outside of care, in order to control my child's exposure in the local community.

9. ___ I will immediately notify the Mt Zion UMC preschool director should my child, or any member of our household, come into contact with someone that exhibits symptoms of COVID-19, tests positive for COVID-19, has been advised to self-quarantine, or is presumed positive for COVID-19. Further, I will immediately notify the Mt Zion UMC preschool director if anyone from my place of employment is presumed positive or tests positive for COVID-19, and I have been physically present in my place of employment within the last 14 days.

10. ___ I understand and agree that if my child is diagnosed with COVID-19, Mt Zion UMC preschool must notify the state's licensing agent and the Maryland Department of Health.

11. ___ I understand that while present in the facility my child may be in contact with others who are also at risk of community exposure. I understand that no restrictions, guidelines, or practices will completely remove the risk of exposure to COVID-19, as the virus can be transmitted by persons who are asymptomatic and before symptoms arise. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein, as well as those put forth by local governments.

12. ___ I understand and accept all risks and responsibility for any injury to my child(ren) or myself (including but not limited to personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may incur in connection with my child's attendance at Mt Zion UMC preschool (“claims”) arising from COVID-19 or related illness.

13. ___ On behalf of myself and my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Mt Zion UMC preschool, Mt Zion UMC church, their employees, agents, and representatives, of and from any claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising from COVID-19 or related illness.

14. ___ I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Mt Zion UMC preschool, as well as their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attendance at Mt Zion UMC preschool.

I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Mt Zion UMC preschool may result in termination of all Mt Zion UMC preschool services. I acknowledge that care for my child may be terminated if it is determined that my actions, or lack of action, unnecessarily exposes another employee, child, or their family member to COVID-19.

Child’s Name: _____ **DOB:** _____

Child’s Name: _____ **DOB:** _____

Child’s Name: _____ **DOB:** _____

Parent Name: _____

Parent Signature: _____ **Date:** _____

Parent Name: _____

Parent Signature: _____ **Date:** _____

Emergency Contact Name: _____

Signature: _____ **Date:** _____

Emergency Contact Name: _____

Signature: _____ **Date:** _____

Mt Zion UMC Preschool representative: _____

Date: _____