

**CEDAR PARK CHRISTIAN SCHOOLS
COVID-19
PARENT NOTICE & ACKNOWLEDGMENT
WAIVER AND RELEASE**

Student Name (please print): _____ **Grade:** _____

1. I, _____ on _____, acknowledge and
(parent/guardian name – please print) (date)
accept any such risk of my own accord and release Cedar Park Church & Schools (CPCS or “Cedar Park”) from any liability related to COVID-19.

• **Parent/Guardian Initials:** _____

2. I attest that my child will be screened for a fever on a DAILY basis by the parent/guardian prior to being brought to school, and may also be screened upon entry to Cedar Park Church & Schools.

• **Parent/Guardian Initials:** _____

3. I further attest that if my child has a fever or complains of any of the following symptoms they must be kept home:
NOTE: IF ANY CHILD SHOWS ANY SYMPTOMS (EVEN IF THEY ARE NOT SPECIFICALLY RELATED TO COVID-19), HE/SHE MUST BE SENT HOME IMMEDIATELY.

*FEVER 100.4 or higher	*SORE THROAT	*NEW LOSS OF TASTE OR SMELL
*COUGH	*SHORTNESS OF BREATH	*RASH
*CHILLS	*MUSCLE OR BODY ACHES	*FATIGUE
*CONGESTION/RUNNY NOSE (not related to seasonal allergies)	*NAUSEA/VOMITING/DIARRHEA	
*Has your student been in close contact with anyone with suspected or confirmed COVID-19?		
*Has your student had any medication to reduce a fever before coming to school?		

NOTE: The student MUST be excluded from school if the answer to any of the above questions is “yes.” Cedar Park reserves the right to exclude child from school for any additional reasons in its sole discretion. The above list is not in any way meant to be exhaustive.

• **Parent/Guardian Initials:** _____

4. If my child has no fever, nor has shown any of the above symptoms in the last 14 days he or she may be permitted into Cedar Park Church & Schools’ facilities in Cedar Park’s sole discretion. I understand that any child, including my own, could be a “carrier” of COVID-19 and fail to show or exhibit any signs or symptoms of COVID-19. I hereby accept any and all risk associated or affiliated with my child’s well-being, and in no way hold Cedar Park Church & Schools, its related entities or affiliates, employees, staff or agents responsible for any sickness that my child may encounter while in their care.

• **Parent/Guardian Initials:** _____

5. Parent expressly understands that participation in activities of any kind, but particularly during the current pandemic, involve risks of sickness, injury or death that no amount of care, caution instruction or expertise can eliminate. While Cedar Park Church & Schools strives for perfect compliance with all local health codes, even diligent effort cannot account for the possible spread of coronavirus and the infection of my child. There are inherent risks associated with human interaction that I acknowledge and accept without condition.

• **Parent/Guardian Initials:** _____

6. I grant permission to Cedar Park Church & Schools and its employees and agents to seek and secure any medical attention or treatment for my child including hospitalization, if in the agent's opinion such need arises and Cedar Park Church & Schools or its agents are unable to contact the Parent. I give consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve my child's life or health. Additionally, I hereby grant permission for Cedar Park Church & Schools or its agents to administer basic medical treatment in the event such need arises, including the administration of over-the-counter medications. I agree to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the child.

• **Parent/Guardian Initials:** _____

7. I understand that if my child presents with any of the above symptoms including any symptoms on the "Keep Me Home If" Public Health chart they will need to be picked up immediately. I further understand that if my child does present any symptom(s), regardless of the symptom(s) relation to COVID-19, my child will be sequestered, separated and isolated from the rest of the students and staff of CPCS until such child may be picked up by his or her parent or guardian.

• **Parent/Guardian Initials:** _____

8. I attest that my child is not a "high-risk" individual as described by the Center for Disease Control (CDC) for COVID-19. That is, my child does not have any illness, including, but not limited to, respiratory illnesses, diabetes, heart disease, or any other factor that would put my child in the "high risk" category as described by the CDC for COVID-19. In the event that my child does have any of the above illnesses, or has any other condition that would be deemed "high risk" in regard to COVID-19 exposure, I hereby accept any and all risk associated or affiliated with my child's well-being, and in no way hold Cedar Park Church & Schools, its related entities or affiliates, employees, staff or agents responsible for any sickness that my child may encounter while in their care.

• **Parent/Guardian Initials:** _____

9. I understand that if my family has worked with, shared space, or had contact with anyone who has shown symptoms or been diagnosed with COVID-19 that they will need to be out of school for a period of time to be determined in the sole discretion of Cedar Park Church & Schools, in accordance with the CPCS Re-Opening Plan and consistent with recommendations from local, state and federal health authorities (which may be revised from time to time).

• **Parent/Guardian Initials:** _____

10. I hereby release and agree to hold harmless, defend and indemnify Cedar Park Church & Schools, its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of Cedar Park Church & Schools) that my child or I may suffer as a result of my child's participation and/or enrollment at Cedar Park Church & Schools.

• **Parent/Guardian Initials:** _____

(parent/guardian signature)

(parent/guardian PRINTED name)

(date)

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