

Fayette County Public Schools

Family Assurance of Student Health Agreement

We all play a role in protecting the health, safety, and well-being of our students, staff and families. One of the most important things we can do to prevent the potential spread of COVID-19 is to stay home when we are sick or have been exposed to someone who is sick.

Before sending your child to campus for in-person learning, please sign and return this form showing that you agree to the following:

1. I will NOT send my child to school until they are released from quarantine by the health department if:

- My child has been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have COVID-19.
- Anyone in our household tests positive COVID-19.
- My child has traveled out of the country or to one of the states on the governor's travel advisory list found at <https://govstatus.egov.com/ky-travel-advisory>.

2. I will check my child each day for the following known symptoms of COVID-19 and will NOT send my child to school if they are experiencing:

- Fever (temperature of 100.4°F or greater) or chills
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache

3. If my child is tested for COVID-19 for any reason, I will not send them to school until I receive their results. If they test positive, I will NOT send them to school until cleared to do so by a medical professional. I understand I am required to report a positive test result to FCPS within 24 hours of receiving the results.

4. If my child meets any of the conditions above or is exhibiting any of the symptoms of COVID-19, I will notify the school of my child's absence.

5. If my child develops any symptoms of COVID-19 during the school day, I agree that I, or my designee, will pick up my child as soon as possible.

Student Name: _____

School: _____

Parent/Guardian Signature: _____

Date: _____

