

TEACH/Bethany Grace Co-op Health Agreement

TEACH/Bethany Grace Co-op asks that you refrain from attending if you/your child are experiencing any of the following symptoms, unrelated to any ongoing physical issues or allergies, within the last **24 hours**:

- Any COVID-19 symptoms, including loss of smell or taste
- Difficulty breathing or shortness of breath
- Flu-like symptoms such as
 - ❖ Fever of 100.4 or higher
 - ❖ Muscles or body aches
 - ❖ Frequent sneezing and coughing
 - ❖ Nausea/Vomiting
 - ❖ Diarrhea
- Sore throat if you suspect a strep infection, even if there is no fever
- Drainage from an ear or eye (may indicate infection)
- A severe cough that may be uncontrollable (non-allergy related)
- Contagious illnesses such as, but not limited to, pink eye, chicken pox, measles, mumps, rubella, influenza, strep throat.

In the last 14 days, if anyone in your household has tested positive for COVID-19, please follow the current state mandate by refraining from attending TEACH/Bethany Grace Co-op for 14 days.

Antibiotics: Remain at home at least 24 hours after the first dose of antibiotic for anything like an ear infection, pink eye, strep throat, or pneumonia.

Consult and follow the directions from your physician before returning to TEACH/Bethany Grace Co-op, following a **communicable disease**.

Thank you for your patience as we navigate unfamiliar territory to the best of our ability, with health professionals guiding our actions and God leading us.

By signing below, I acknowledge that I have read and understand the TEACH/Bethany Grace Co-op sick policy, and will follow its guidelines.

Printed Name of Parent or Staff: _____

Signature: _____

Date: _____