



# MPA COMMUNITY HEALTH & SAFETY PLEDGE

Mounds Park Academy understands that it is the parents' voluntary decision to permit their child to resume on-site classes. Parents/guardians should contact their division director as soon as possible with any concerns about their student returning to campus due to health-related reasons in the upcoming school year.

The school will implement robust management and control measures in accordance with relevant regulations to mitigate the risk of the spread of COVID-19. Do keep in mind however, that managing risks doesn't mean there will be no transmission. There's no such thing as zero risk, but we will take layered measures that will mitigate the chances of the spread on our school grounds. Parents/guardians are also responsible for taking measures to mitigate the risk that their child(ren) may present a risk to their own health or the health of others when on campus. We seek your pledge and partnership in helping keep your child(ren) and our entire community healthy and safe.

## 1. MONITOR MY CHILD'S HEALTH

I agree to monitor my child's health each day and keep my child home if they have: fever at or greater than 100 degrees Fahrenheit, cough, shortness of breath or difficulty breathing, chills, headache, muscle pain or body aches, sore throat, loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea.

## 2. THE SCHOOL WILL TAKE MY CHILD'S TEMPERATURE

I understand that the school will take my child's temperature before entering the school building, and once again before transitioning to afternoon activities. If my child has a fever of 100 degrees Fahrenheit or above, they will be isolated, parent/legal guardian will be contacted and the child must be picked up by a parent/legal guardian within one hour.

## 3. RETURN TO SCHOOL AFTER COVID-19 SYMPTOMS

If my child is sent home for COVID-19 related symptoms, is diagnosed with COVID-19, or has been exposed as a close contact to someone with COVID-19, I understand they will be asked to stay home based upon MPA's COVID response plan and their individual circumstances. For any scenario, my child must be symptom-free and fever-free without medication to return to school.

## 4. PHYSICIAN'S RELEASE

I understand that I must have a physician's release in order for my child to return to class after any such illness and may be asked to provide a negative COVID-19 test depending on the symptoms and duration.

## 5. MANAGEMENT AND CONTROL MEASURES

I agree to accept the management and control measures taken by the school in accordance with relevant regulations to reduce the spread of COVID-19.

## 6. RISK-MANAGEMENT MEASURES

I understand that these are risk-management measures and that the school cannot guarantee safety for all students or prevent them from contracting any illness.

## 7. SCHOOL NOTIFICATION

I agree to notify the school immediately if my child or anyone in our household has symptoms of COVID-19, has a positive test for COVID-19, or has been exposed to someone with COVID-19 within the last 14 days.

## 8. VIRTUAL LEARNING OPTIONS

I understand virtual learning options will be made available to my child if in a high-risk category, quarantine, or isolation due to symptoms or a confirmed or suspected diagnosis of COVID-19. If my student is well enough to participate in their classes during an absence, I will encourage them to do so virtually as much as is possible.

## 9. TRAVEL

I will notify MPA if my child or anyone in our household has been on a plane or traveled to an area with increasing spread of COVID-19 within two weeks of the school year starting and throughout the school year.

## 10. READ AND UNDERSTAND THE RETURN TO SCHOOL PLAN

I certify I have read and understand the return to school plan provided on the Making Our Way to MPA webpage: [mpa.link/backtomp](https://mpa.link/backtomp). I will continue to monitor and read all related communications and updates to this webpage.