



**Doctor's notes may not be accepted in all situations. NPP reserves the right to make decisions based on the well being of all children present at preschool.**

I understand and agree that a parent or an authorized relative/friend **MUST** pick up a sick child when they are sent home due to illness or symptoms within **thirty minutes** of being notified. I understand that there are no tuition adjustments for daily absences due to illness.

**Parent  
Signature:**

**Date:**

### **Communicating COVID-19 Symptoms or a Positive COVID-19 Test Result**

In the event that symptoms need to be reported, or a positive case of COVID-19 has been confirmed, NPP has a variety of communication protocols in place.

To report symptoms or a positive case of COVID-19, we ask that families and staff notify the director via email or phone call. These are preferred methods, as they do not require any in-person contact between individuals.

Parents will be notified of all COVID-19 related updates and enhancements via:

- Email
- Postings placed outside the preschool main entrance

**Parent  
Signature:**

**Date:**

### **Assumed Risk Statement & Release Form**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ acknowledge that I/my child(ren) have voluntarily entered Northville Presbyterian Preschool for educational services and acknowledge that by doing so I waive and release any claims against Northville Presbyterian Preschool, First Presbyterian Church of Northville, its employees, fellow parents/guardians and other families and hold harmless to any claims, suits, charges, or costs relating to any diagnosis or treatment of COVID-19 that I or a member of my household or workforce (and any guests visiting my household or workplace) receive following the date the services started by Northville Presbyterian Preschool.

I recognize that a national emergency has been declared related to the Coronavirus (COVID-19) pandemic. In response to this emergency, numerous state, and federal public health agencies, including the Centers for Disease Control and Prevention, have promoted "social distancing" from other individuals.

I recognize, acknowledge, and accept the health risks of allowing my child(ren) to attend Northville Presbyterian Preschool given the current COVID-19 pandemic, and acknowledge the recommendations of state and federal public health agencies, including the Centers for Disease Control and Prevention and the State of Michigan Licensing Department.

**Parent  
Signature:**

**Date:**

**I hereby acknowledge all of the above statements.**

**Parent  
Name:**

**Parent  
Signature:**

**Date:**

**Director  
Signature:**

**Date:**

# COVID-19 SICK POLICY: SVV

<b>Child's Name:</b>	<b>Date:</b>
----------------------	--------------

Below is an enhanced copy of the Sick Policy for NPP based on the current state of the COVID-19 pandemic. Please review the following procedures as they will be strongly enforced during this time. We are making health decisions that are beneficial for all children enrolled in our program and that align with the CDC, local health department and state licensing.

If your child is sent home because they exhibit one or more of these symptoms, they may NOT return to NPP until it has been 48 hours since the last episode or the child has been on antibiotics for at least a 48-hour period. If a doctor's note is needed for a symptom below, it must state: diagnosis, treatment & when the child may return to NPP

**Doctor's notes may not be accepted in all situations. NPP reserves the right to make decisions based on the well being of all children present at preschool.**

Parents or an authorized relative/friend MUST pick up child when they are sent home sick within **thirty minutes** of being notified. Please remember that there are no tuition adjustments for daily absences due to illness. Thank you for your cooperation.

**PLAN FOR OBSERVATION OF GENERAL HEALTH OF CHILDREN:** Children will be visually screened as they arrive at preschool. If a child exhibits signs of illness, it will be determined if the symptoms indicate the need for exclusion until remedied. In the event a child becomes ill and needs to be picked up, the child will be separated from the rest of the children until a parent or authorized pick-up arrives. The child must be picked up within thirty minutes of being notified. Any child that is picked up later than thirty minutes after exclusion will have an illness late pick up fee of \$50.

**NON-ADMITTANCE:** Your child will not be allowed to attend NPP if he/she exhibits symptoms for exclusion. If your child is unable to participate in the normal activities of the daily schedule, then your child must stay home.

- "Fact Health Sheets" will be posted near the main entrance of NPP when we are made aware of a potential or confirmed case of a communicable disease that requires posting by the local health department.

SYMPTOMS FOR EXCLUSION:	WHEN A CHILD MAY RETURN:
<b>Fever of 100.0 degrees F or higher</b> Temperature- Time: _____ Temporal: _____	Fever reduced to below 100.0 degrees F for 48 hours WITHOUT fever reducing medication  The child has been on antibiotics for at least a 48 hour period
<b>Dry cough or difficulty breathing</b>	Symptoms subside with a doctor's note and/or health departments recommendations OR doctor's note stating not contagious
Diarrhea	It has been 48 hours since the last episode of diarrhea
Vomiting	It has been 48 hours since the last episode of vomiting
Nasal discharge accompanied with any other symptom; discharge that is thick with a yellowish or greenish color is usually an indication of an infection	The nasal discharge is no longer thick, yellow or green. If the child has been on antibiotics for 48 hours, this does not apply
An unknown rash or blisters	Rash or blisters have subsided or the physician has determined the rash not contagious ( <b>doctor's note needed</b> )  In the case of Hand Foot Mouth ( <b>the child must be screened by a Director prior to returning, doctor's note not accepted</b> )
Eye discharge or pink eye	Eyes are no longer discharging OR is not contagious ( <b>doctor's note needed</b> )
Lice or Nits	No signs of Lice, in any of its forms ( <b>the child must be screened by a Director prior to returning</b> )
Too tired or ill to participate in normal activities	Is able to participate in normal activities