



## **JLA COVID-19 Student Health Agreement**

**Instructions:** Prior to having your student attend JO's Learning Academy for the 2020-2021 school year, please read over the following outlined guidelines for health and sign off at the bottom of the form your agreement to these guidelines.

I will monitor my student daily for symptoms of COVID-19 which include ONE or more of the following: fever (100.4°F or higher), cough, or shortness of breath

-or-

TWO or more of the following: fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

I will not send my student to school if my student experiences symptoms of COVID-19, as outlined above, unless permitted by a healthcare provider or the health department.

I will not send my student to school after traveling outside of the State of Wisconsin within the past 14 days unless permitted by a healthcare provider or the health department.

I will not send my student to school if my student has tested positive for COVID-19 until permitted by a healthcare provider or the health department and my child has quarantined for 14 days.

I will not send my student to school if my student has had close contact \* with someone experiencing COVID-19 symptoms or someone that has tested positive for COVID-19 until permitted by a healthcare provider or the health department or has quarantined for 14 days.

I must pick-up my student within 30 minutes if my student experiences COVID-19 symptoms while at school.

I will not return my student to school if my student experiences COVID-19 symptoms while at school until permitted by a healthcare provider or the health department.

I understand permission to return to school after testing positive for COVID-19 must be communicated directly to JO's Learning Academy verbally or in writing by the healthcare provider or the health department. I may contact the City of Milwaukee Health Department at 2-1-1 for guidance.

I have read and agree to the above mentioned terms and conditions and will follow these guidelines.

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**Parent Signature**

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**Date**

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**Child's Name**

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**Child's Teacher**