



COVID-19 Release/Waiver and Health Addendum

STUDENT NAME: _____

Sprouts Preschool is taking all measures to keep their learning environment safe and disinfected before, after, and during the program hours. We have followed the Childcare Contact Services Safe Plan for ages of 6 months- 5 years. We are asking that our families do the same by following the below policies:

Keeping your child home if:

- He/She has had a fever above 100 degrees within the last 24 hours
- He/She has had a loose stool within the last 24 hours
- He/She has been in contact with someone that has been diagnosed with COVID-19 within the last 14 days.

The undersigned, in my capacity as parent or legal guardian, I hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of the Sprouts Preschool of First Baptist Hurst Preschool Program (FBCH).

The undersigned is for my child enrolled in this program, and I fully assume all of the risks associated with participation in the Sprouts Program for the 2020-21 school year, including the possibility of COVID-19 exposure and/or community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND POLICY AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING FBCH SPROUTS PRESCHOOL AND ITS STAFF AND DIRECTORS FROM ANY LIABILITY AND CLAIMS BY PARTICIPATION IN OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO THE EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

My signature below is confirmation that I have read and fully understand and acknowledge all the contents of this document, and I am voluntarily releasing, waiving, and discharging Sprouts Preschool from any claims. As well as following their policies.

Parent/Guardian Name: _____

Parent/Guardian Name: _____ Date: _____

(PLEASE PRINT)

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____