

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

DASH#: \_\_\_\_\_

*(Please submit one form per student)*



## **COVID-19 DISCLAIMER & AGREEMENT**

### **DISCLAIMER:**

Due to the COVID-19 pandemic Al Fatih Academy (AFA) has been exploring different and reasonable ways to provide services to all students. The school has worked with state and local agencies, including our local health department, to draft and implement guidelines moving forward regarding cleaning, screening, social distancing, etc. Though AFA and its agents will work hard to implement and abide by those guidelines, AFA cannot guarantee an environment that is free of COVID-19 related risks.

Despite reasonable mitigation efforts by AFA, I acknowledge that my child's attendance at Al Fatih Academy poses a risk due to COVID-19. I voluntarily agree to assume all of the risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at AFA or participation in school programming ("Claims").

On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold Al Fatih Academy harmless, its board, employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the school, its board, employees, contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Al Fatih Academy programs.

***Flip to the back to complete this form and sign the agreement.***

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**AGREEMENT:**

Please read and sign the following statement that has been mandated by the Virginia Department of Health for schools and childcare centers regarding COVID-19. Please initial in the blank beside each item.

\_\_\_\_\_ I agree to notify the school immediately upon becoming knowledgeable of a member of our household testing positive for the COVID-19 virus. It is mandated for schools and childcare centers to report this information to the Virginia Department of Health within 24 hours. Al Fatih Academy will keep this information confidential and strictly on a “need to know” basis.

\_\_\_\_\_ I agree to keeping my child at home until further instructions from the Virginia Department of Health. The Virginia Department of Health will evaluate each specific situation on a “case by case” basis.

\_\_\_\_\_ I understand that I will be asked (by the Virginia Department of Health) to provide a list of possible contacts if a member of my family tests positive for COVID-19.

\_\_\_\_\_ I agree to allow the AFA staff members to test my child’s temperature at the point of drop off to our facility. If my child(ren) has a temperature of 100.4 or more or exhibits symptoms of COVID-19, I agree to keeping my child at home until after consulting with a pediatrician or physician.

\_\_\_\_\_ I agree to immediately pick up my child should he/she run a fever or exhibit possible symptoms of COVID-19.

\_\_\_\_\_ I agree to provide my child with a mask while attending school or the childcare program.

\_\_\_\_\_ I agree to encourage my child(ren) to practice social distancing and hand washing while attending Al Fatih Academy.

**BY EXECUTING BELOW, YOU ACKNOWLEDGE HAVING READ AND UNDERSTOOD ALL OF THE TERMS AND CONDITIONS STATED ON THE AL FATIH ACADEMY COVID-19 DISCLAIMER AND AGREEMENT. (BOTH PARENT SIGNATURES ARE REQUIRED)**

Parent/Guardian #1 Name: \_\_\_\_\_

Signature Parent/Guardian #1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Signature Parent/Guardian #1: \_\_\_\_\_ Date: \_\_\_\_\_