The Joshua Tree Parent/Guardian Agreement

To protect our children and staff, I agree to keep my child at home if he/she has a COVID-like illness.

A COVID-like illness is defined as:		
At least ONE of these symptoms		At least TWO of these symptoms
▫ new or persistent cough ▫ shortness of breath ▫ new loss of sense of smell ▫ new loss of sense of taste	OR	▫ fever ▫ chills ▫ muscle pain ▫ headache ▫ sore throat ▫ nausea/vomiting ▫ diarrhea ▫ fatigue ▫ congestion/runny nose

If my child has any of these signs of COVID-19, I will not send him/her back to school until:

- My child tested negative for COVID and is otherwise well enough to go back to school
  OR
- A healthcare provider has seen my child and documented a reason for the symptoms other than COVID

  OR

- All are true: 1) at least 10 days since the start of symptoms AND 2) fever free off anti-fever medicines for 1 day AND 3) symptoms are getting better.

If my child is diagnosed with COVID-19, I will not send him/her back to school until the following:

- It has been at least 10 days since my child first had symptoms

  AND

- My child has had no fever off anti-fever medicines (ex: Tylenol, Ibuprofen) for 1 day

  AND

- My child's symptoms are getting better

If someone in my household is diagnosed with COVID-19 or my child is exposed to COVID-19, I will keep him/her home for 14 days.

If someone in my household develops new cough, shortness of breath or two of the following: sore throat, chills, muscle pain, headache, new loss of taste or smell, I will get that person tested for COVID-19. If that person tests positive, I will keep my child home for 14 days.

Child's name: _____

Parent/guardian name: _____

Parent/guardian signature: _____

Date: _____