

Halifax Academy Parent Health Agreement

I Agree to:

1. Monitor My Child's Health:

- I will not send my child to school if he/she is unwell or exhibits any COVID-like symptoms.
- I will not send my child to school if he/she has a fever of 100 degrees or higher.

2. Follow Public Health Directives:

- Parents and students who travel internationally or to a destination under a CDC Level 3 or higher Travel Health Notice are required to notify the school and self-quarantine for 10 days upon return.

3. Communication:

- I will notify the school if a member of my household has been exposed to someone with a confirmed case of COVID-19.
- I will monitor school communication via email and access current notifications at www.halifaxacademy.org.

*Exposure refers to being in contact (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19. *According to the CDC, individuals who are fully vaccinated do NOT need to quarantine after contact with someone who had COVID-19 unless they have symptoms.

Signature of Parent/Guardian _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Signature of Student (if over 18) _____ Date: _____