



### **Acknowledgment: Return to School Campus**

Stratford Friends School (“School”) understands that it is the voluntary decision of the parent/guardian to permit their child to resume on-site classes and activities with the School. The School has implemented management and control measures in line with relevant regulations to mitigate the risk of the spread of COVID-19, as described in this Acknowledgment: Return to School Campus (“Acknowledgment”) and as detailed on the Stratford Friends School Coronavirus COVID-19 Health and Safety Plan (“Guidance”), which is posted on the School website. SARS-CoV-2 is an extremely contagious virus that is believed to spread easily through person-to-person contact and can cause COVID-19. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Federal and state authorities recommend social distancing and other mitigation measures to prevent the spread of the virus. The School is taking measures to mitigate the chances of the spread on the School grounds, as described in the Guidance. **Managing risks does not mean there will be no transmission. There is no such thing as zero risk.** Parents/guardians are also responsible for taking measures to mitigate the risk that their child(ren) may present a risk to their own health or the health of others when on school grounds.

1. Returning to the School is a voluntary act. By returning to the School my child \_\_\_\_\_ (child’s full name), has my permission to return to the School campus and participate in all educational / learning activities provided by the School.
2. I have thoroughly read the Guidance. I acknowledge that the management and control measures taken by the School are in accordance with relevant regulations to help reduce the spread of COVID-19. I understand that these are risk-management measures and that the School cannot guarantee safety for students or prevent them from contracting any illness, including COVID-19.
3. I acknowledge that I have a responsibility to monitor my child’s health each day and keep my child home if he/she has Symptoms, as listed in the Guidance, or any later amendment of the Guidance. If my child is sent home due to the Symptoms, or if I keep my child home, the School will refuse to allow my child to return to the School for 72 hours, and upon return, my child must be symptom-free and fever-free without medication.
4. I further acknowledge that I have reviewed the Exclusion from and Return to School Requirements, attached to the Guidance.
5. I acknowledge that the School’s policy is for me to keep my child home if my child, or if any person with whom my child has recently had close contact, (a) exhibits Symptoms of COVID-19 (as described in the Guidance); (b) tests positive for COVID-19, has been diagnosed by a medical professional as having COVID-19, or is awaiting test results for COVID-19; or (c) is exposed to a confirmed outbreak of COVID-19 or a person who has tested positive for COVID-19, and for me to report the exposure, symptoms, and/or the positive test to Shauna Brown at 610-355-9580 immediately.

6. I understand that my child will be required to wear a mask or face covering while at the School and I will supply my child with the mask or face covering.
7. I give the School permission to take the temperature of my child at any time it deems appropriate, and to follow the Guidance as to my child (and any siblings) if my child becomes symptomatic at School.
8. I understand that the School will be providing live streaming education services during the COVID-19 outbreak through remote classrooms for students who are not attending in-person classes. The streaming will be password protected, with access granted only to students who are classroom members and School educators. Users (including students, parents and/or guardians) may not record, screenshot, share, re-post, or otherwise capture or disseminate any streaming content.
9. I understand that the School's educators and counselors will be recording all streaming sessions. When recording starts, any student participating remotely will receive a notice within the session that the interaction is being recorded. Whether the interaction is a group class with multiple attendees or a one on one session, the video and audio of the host educator and all participants (including those in the classroom) will be recorded. The recording will be stored for a brief period of time, and then written over. The image, voice and background/surroundings of a student participating remotely may be seen by all other participants, both remote and in the classroom.
10. I understand and agree that this Acknowledgment does not change or supersede any obligations under any contracts that I have with the School.
11. I understand that if I do not execute this Acknowledgment, then sending my child(ren) to the School to participate in School activities will be deemed my acceptance and agreement to these terms.

By sending my child(ren) to the School to participate in School activities and programs, I acknowledge that I am assuming the risk of my child(ren), others in my household, or myself possibly contracting COVID-19. I acknowledge the contagious nature of COVID-19. Despite the above precautions, and the precautions the School is undertaking, I understand that the risk of contracting and spreading COVID-19 cannot completely be eliminated and that such exposure or infection may result in personal injury, illness, permanent disability, and death. My voluntary decision to use the School activities and programs is exclusively my own and made in full understanding and acceptance of the foregoing risks to myself, my child, and my family.

This Acknowledgment must be signed and returned to the School on or before August 28, 2020, by emailing it to Shauna Brown at [Sbrown@stratfordfriends.org](mailto:Sbrown@stratfordfriends.org), or by returning it to the School via mail.

\_\_\_\_\_  
 Parent / Guardian Name (Please Print Clearly) \_\_\_\_\_  
 Date: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

\_\_\_\_\_  
 Parent / Guardian Name (Please Print Clearly) \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_