

**Jamestown School District**  
**2021-2022**  
**Parent/Student Contract for In-Person Instruction**  
**For Health and Safety Guidelines During COVID-19**

It is critical that health and safety protocols, district guidelines and expectations are clear. After reviewing this document, and with your child (age appropriately), you must acknowledge and agree to the following contents of this form in order for your child to participate in the summer school program. Please read and initial each section, sign and date the document, and return it to the school office.

**Face Masks or Coverings**

All students are required to wear face masks or an appropriate face covering indoors only. Wearing a mask or face covering outside or while eating is not required. Students may use one of their own face coverings or the district will provide one. Compliance with the district's masking policy is mandatory, unless there is a medical exemption and release from a licensed medical professional. Students must comply or in-person instruction will no longer be an option and the student will be enrolled in independent study. \_\_\_\_\_ *initial*

If a student is willfully not wearing a mask, and a staff member has instructed them to do so, this will be considered a violation of the contract. The parent(s) will be notified and a parent conference will be required before your child may return to school. The conference will be conducted to determine how we can work together to support your child in complying with the guideline. If your child willfully does not wear a face mask or face covering a second time, in person instruction will no longer be an option due to health and safety. \_\_\_\_\_ *initial*

**Hand Washing and Sanitizing**

Students are expected to comply with frequent hand washing and hand sanitizing routines. Hand sanitizer will be easily available in supervised areas throughout the schools. \_\_\_\_\_ *initial*

**Assigned Seating**

When seats are assigned in the classroom students are expected to adhere to their seating assignment. \_\_\_\_\_ *initial*

**Classroom Behavior**

All classroom and school rules still apply. Students are expected to follow all classroom health and safety guidelines as well as classroom and school rules. \_\_\_\_\_ *initial*

**No Visitors**

Unfortunately, at this time during COVID-19 following CDPH facility guidelines, there will be no nonessential visitors or parent volunteers on campus. Please call ahead if a need arises to come to the school grounds. \_\_\_\_\_ *initial*

**Student Drop Off and Pick Up**

Parents will send or drop off students **no earlier than 8:00 AM**. \_\_\_\_\_ *initial*

School will be dismissed at 2:40 PM and all regular and traditional dismissal procedures will occur. Follow your safe school dismissal form for either bus transportation, after school program for identified grade levels, parent walk-up/ pick-up at gate 2, walkers at Gate 1, and car line pick-up using PikMyKid. \_\_\_\_\_ *initial*

### **Symptom Screener**

Parents will do their best to health screen their children before sending them to school. If the following criteria are present for your child, you commit to not sending your child to school. Please call the attendance line at 984-5217 ext. 3197 to notify us of the in-person absence. \_\_\_\_\_ *initial*

- Fever (100.4° Fahrenheit or higher), chills, or shaking chills
- Cough (not due to other known cause, such as chronic cough or air quality)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Sore throat
- Headache *when in combination with other symptoms*
- Muscle aches or body aches
- Nausea, vomiting, or diarrhea
- Fatigue, when in combination with other symptoms
- Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*

### **Illness**

As noted above, students with any COVID-like symptoms should not attend school until you can provide the school office with a **negative COVID test or a medical doctor's note with an alternate diagnosis, or can meet all of the three criteria:** at least 10 days since symptoms appeared, at least 24 hours with no fever-reducing medication, and symptoms have improved. If you do not want to get your child tested, we will follow the protocol for if a student tests positive for COVID-19 \_\_\_\_\_ *initial*

Students testing positive for COVID-19 will comply with the California Department of Public Health, local Public Health Department requirements, and district guidelines for school re-entry. Students identified as close contacts will comply with all health and safety protocols \_\_\_\_\_ *initial*

Students who become symptomatic at school or identified with COVID-like symptoms will be immediately sent to the isolation area on campus. A parent will be immediately notified and required to pick up the child or will send someone to pick your child up as soon as possible. If your child is a walker, they will not be able to be dismissed from campus until a parent, or someone you have designated for pick-up, arrives to pick up the student. \_\_\_\_\_ *initial*

**Jamestown School District will follow the CDC Flowchart for Students Who Are Ill or symptomatic:**

# WHAT TO DO IF A STUDENT IS SICK FLOW CHART

**STUDENT PRESENTS WITH SYMPTOMS**

**High Risk (need 1):** fever/chills (100.4 F), difficulty breathing, loss of taste or smell, new or worsening cough

**Lower Risk (need 2):** sore throat, congestion/runny nose, headache, body aches, nausea/vomiting/diarrhea.  
*If only one low risk symptom, follow the school illness policy.*

**CONTACT PROGRAM ADMINISTRATOR OR ASSIGNED SCHOOL NURSE TO CONDUCT VERBAL, VISUAL, AND PHYSICAL ASSESSMENT.**

<b>VERBAL:</b> When did the symptoms start? Any exposure to someone ill? What are your signs and symptoms?	<b>VISUAL:</b> Flushed cheeks, difficulty breathing, fatigue, extreme fussiness/agitations, coughing	<b>PHYSICAL:</b> >100.4 degrees F <96% pulse oximetry
---	---	---

VISUAL, VERBAL, AND/OR PHYSICAL CONCERNS IDENTIFIED

NO

OBSERVE FOR 10 MINUTES

IMPROVEMENT?

YES

RETURN TO CLASS

CALL AND NOTIFY PARENTS

NO

YES

ISOLATE AND PREPARE TO SEND HOME

ARE SYMPTOMS SEVERE? IF SO, CALL 911

FOLLOW-UP WITH STUDENT/FAMILY, NOTIFY PUBLIC HEALTH FOR SUSPECTED COVID-19 CASE

## RETURN TO SCHOOL OPTIONS

**TEST FOR COVID-19**

**IF POSITIVE:**

- 1) Self-isolate for at least 10 days from date of test or when symptoms first started **and**
- 2) fever-free for 24-hours without fever-reducing medication **and**
- 3) symptoms improved **and**
- 4) release from isolation has been cleared with Public Health.

**IF NEGATIVE:**

- 1) Fever free for 24-hours without fever-reducing medication **and**
- 2) symptoms have improved

Provide test result to school nurse or administrator.

**CLOSE CONTACTS CAN CONTINUE TO STAY IN SCHOOL PENDING TEST RESULTS\***

◦ **IF TEST RESULT IS POSITIVE:** Quarantine close contacts and notify Public Health.

◦ **IF TEST RESULT TAKES >4 DAYS TO RECEIVE:** Quarantine close contacts and notify Public Health to determine next steps.

OR

**ALTERNATE DIAGNOSIS FROM HEALTHCARE PROVIDER**

- 1) Fever free for 24-hours without fever-reducing medication **and**
- 2) symptoms have improved

- Acceptable documentation to be provided to school nurse or administrator
- Recommend that parents/guardians take student to healthcare provider while still sick or symptomatic.

**CLOSE CONTACTS CAN CONTINUE TO STAY IN SCHOOL\***

**IF CHILD IS NOT TESTED OR ALTERNATE DIAGNOSIS IS NOT AVAILABLE**

**ASSUME STUDENT IS COVID-19 POSITIVE**

- 1) Self-isolate for at least 10 days from when symptoms first started **and**
- 2) fever-free for 24-hours without fever-reducing medication **and**
- 3) symptoms improved

**QUARANTINE CLOSE CONTACTS AND NOTIFY PUBLIC HEALTH\***

◦ Contact Public Health to determine next steps.

\***Per the CDC:** Close contacts are defined as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated, regardless if the contact was wearing a mask. [Per CDC: Return to School Guidelines](#)

**Please fill out a separate form for each child, if more than one child is enrolled. Check ONE regarding in-person instruction for the 2021-2022 school year:**

\_\_\_\_\_ My child and I have read and agree to the district guidelines and expectations for in-person instruction during this time of COVID-19.

\_\_\_\_\_ My child has a documented medical reason by a licensed medical provider or a disability that prevents my child from wearing a mask or face covering, and I would like a conference with administration.

\_\_\_\_\_ I do not want to enroll my child in in-person instruction at this time, and I would like to enroll in the Independent Study program as outlined in the parent notification for Independent Study AB130.

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian Name ( please print) \_\_\_\_\_

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