

Child's temperature: _____

Staff Initials _____

Date _____



COVID-19 DAILY WAIVER

I agree that I am voluntarily choosing to leave my child _____ with the staff of Unity Presbyterian Preschool. I acknowledge that their staff is doing everything they can to protect my child as well as others. I assume any risk to my child and release Unity Preschool from any and all responsibilities with regards to the Covid-19 Coronavirus.

I agree that my child has not had any of the following symptoms within the last 48 hours.

- Fever Chills Shortness of Breath or difficulty breathing
- New cough loss of taste or smell runny nose diarrhea

I agree that I have NOT given my child any temperature or symptom reducing medicines in the last 48 hours like but not limited to the following:

- | | | | |
|------------------------------|----------------|------------------------|------------------------------|
| <i>Tylenol/Acetaminophen</i> | <i>Motrin</i> | <i>Naproxen Sodium</i> | <i>Aspirin</i> |
| <i>Ibuprofen/Advil</i> | <i>Mucinex</i> | <i>Delsym</i> | <i>Triaminic</i> |
| <i>PediaCare</i> | <i>NyQuil</i> | <i>DayQuil</i> | <i>Dimetapp</i> |
| <i>Robitussin</i> | <i>Sudafed</i> | <i>Vicks</i> | <i>Little Remedies/Colds</i> |
| <i>Theraflu</i> | <i>Tamafly</i> | <i>Benadryl</i> | |

I agree that my child has not had close contact (within 6 feet for at least 10 minutes) in the last 14 days with someone diagnosed with COVID-19, or that a health care provider has not advised him/her to quarantine.

Parent Printed name _____

Parent Signature _____