



Infectious Disease/COVID-19 Health Policy - Student

Our Montessori School, under the advice from the World Health Organization, CDC, NM State and Local Health authorities, as well as neighboring state’s health authorities, has implemented new policies and procedures to protect the health and safety of all persons in our facility and their families.

As the risk in our area for COVID-19 is still high, we are asking families to acknowledge and agree to the following guidelines. This form must be completed and emailed prior to your child’s first day of attendance.

Child’s Name _____ DOB _____

I, _____ , _____
(Parent/ Guardian) (Relationship to child listed above)

Agree to be aware of my child’s health. If my child or any person within my household show any of the following symptoms, I agree to keep my child home.

- Fever over 100.1
- New cough of any kind
- Shortness of breath
- Lethargic, overly tired, unusually calm or quiet
- Mild respiratory illness/issues

I agree to only have my child attend if they are symptom free. If my child or anyone in my household has any of the symptoms listed above, I understand that the entire household is required to self-isolate for 14 calendar days. I agree to notify management of any conditions or changes in my child’s health status. I agree to inform OMS if my child tests positive for COVID-19 so that we can take necessary mandated procedures. OMS agrees to keep your child’s identity confidential. I agree to indemnify and hold OMS harmless against any damages, loss and claims that occur due to my child’s attendance. OMS has created an Infectious Disease Strategic Plan in order to keep our children and staff safe from COVID-19. ***I understand that even with and Infectious Disease Strategic Plan in place, OMS cannot guarantee that my child will not contract COVID-19 due to the asymptomatic time frame being the most infections, as well as the close personal contact required to care for children.*** I will not hold OMS and their employees, administration, Board of Directors responsible in the event my child, myself or anyone related to me, whether familial or social becomes infected with COVID-19. I understand that OMS is taking all necessary precautions to prevent the spread of COVID-19 with their employees and at the facility.

I certify and acknowledge that I have read and understand the COVID-19 Strategic Plan and Health Policy and I agree to the terms listed above.

Signature: _____ Date: _____

Printed Name: _____ Relationship to child: _____