



**FLINT HILLS
CHRISTIAN
SCHOOL**

Flint Hills Christian School COVID-19 Parent Agreement

Flint Hills Christian School, Manhattan KS, (referred to hereafter as FHCS) has put in place preventative measures to reduce the spread of COVID-19; however, FHCS cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending FHCS could increase your risk and your child(ren)'s risk of contracting COVID-19.

Because of the risks, FHCS is requiring an agreement between the school and parents to ensure the utmost safety and health of staff and students.

I _____ (parent first name, last name) agree that I will perform and adhere to the following items in order to assist in keeping the staff and students safe and healthy at Flint Hills Christian School.

- I agree to take my child's temperature every morning prior to giving any fever reducing or pain reducing medication.
- I agree that if my child's temperature is above 100.0 Fahrenheit, that my child will need to stay home until the child has been fever free for 24 hours without the use of fever reducing medication.
- I agree that if FHCS enters the **Yellow Phase** or **Red Phase** of our Re-Opening Plan that I will digitally record my child's temperature every morning prior to giving any fever reducing or pain reducing medication.
- I agree that I will keep my child home if he/she is not feeling well and will meet with the school nurse prior to readmittance to school.
- I agree that if my child were to become sick during the school day that child will be picked up from school within one hour.
- I agree that if my child travels to vulnerable areas, as defined by the Kansas Department of Health and Environment, that my child will be quarantined per the required guidelines.
- I agree and understand that if my child is on state or county required quarantine and the child is well and healthy, that the child may be required to follow their same on-campus schedule remotely.
- I agree that I will follow Flint Hills Christian Schools' Contagious Disease guideline and adhere to the requirements contained within.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Student