



*Inspiring Dreams. Developing Wings. Loving God!*

---

## **Parent Acknowledgement, Waiver of Liability and Assumption of Risk Agreement Relating to Health and Illnesses**

Please read and sign below.

1. I understand that to attend the program, my child must be free from symptoms of illness. If, during the day, any of the following symptoms appear my child will be separated from others, in a supervised, secure area. I will be contacted, and my child must be picked up from the facility within 30 minutes of being notified.

Symptoms include:

- Elevated temperature; fever of 100.4 degrees or higher
- Congestion / Runny nose
- Uncontrolled cough
- Headache
- Chills
- Sore throat
- Muscle aches
- Rash
- Diarrhea and/or vomiting

Your child must be symptom-free without any medications for at least 24 hours before returning to the facility.

2. I will notify The Robin's Nest at 727-786-1861 if:
  - My child is experiencing symptoms of illness,
  - My child will be absent from school,
  - My child tested positive for flu, strep, Covid or any other communicable diseases
3. I understand The Robin's Nest will continue to follow the guidelines of both the CDC and state and local officials as closely as possible to ensure the health and well-being of all staff and children who enter the facility. As changes happen, parents will be notified. The Robin's Nest will contact the Health Department and report cases of communicable diseases as required by the Pinellas County License Board. The Robin's Nest reserves the right to change or suspend operating procedures in light of CDC, Health Department, DCF or other applicable agency guidance.
4. I understand that tuition will not be refunded if my child's class and/or the school must close due to illness unless otherwise determined by the Board of Education.

5. I understand that while present in the facility each day, my child will be in contact with children, families, and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to illnesses, as asymptomatic persons can transmit viruses before some people show signs of infection. I understand that our family members play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein. There is no guarantee that illness will not occur when deciding to enter the building where you will be around other people. Please be advised that there is always a certain amount of calculated risk you assume when attending our program.

PHUMC disclaims all liability for exposure to communicable diseases.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Director/Witness: \_\_\_\_\_ Date: \_\_\_\_\_