



Informed Consent and Acknowledgment - COVID-19

A child care center is a community. During this public health emergency EACH member of our community needs to help keep COVID-19 out of our child care centers. Exposures in your center can lead to the closure of the entire center and impact all the families we are serving. We appreciate your partnership and commitment in this collective effort.

1. Partnership

I understand that I play a crucial role in keeping everyone in our child care community safe and reducing the risk of exposure by following the policies and practices outlined in this Informed Consent and Acknowledgment. I acknowledge that my family may be denied access to the center or disenrolled from the center for my failure or refusal to act in accordance with these provisions at all times, in a respectful and appropriate way.

2. COVID-19 Exclusion Policy and Health Check and Illness Policy-COVID-19

I have reviewed and am familiar with **Bright Horizons COVID-19 Policy** and **Bright Horizons Health Check and Illness Policy – COVID-19**. I agree to comply with these policies, as they may be updated or amended from time to time. Complete copies of these policies are available to me here: <https://www.brighthouse.com/covid19>. Should my child(ren) be excluded from the center pursuant to the terms of these exclusion policies, I understand tuition shall still be due and payable during any period of exclusion.

3. Reporting Confirmed Cases of COVID-19

I will immediately notify center administration if anyone in my household or any close contact of my household tests positive for COVID-19.

4. Exposure to COVID-19

I understand that to enter the center my ENTIRE household must be free from any known *or suspected* exposure to COVID-19. If my household has any known or suspected exposure to COVID-19, **I understand all members of my household may be required to remain out of the center for at least 10 days, until all criteria to return are successfully met.** I acknowledge that known/suspected exposures include (but are not limited to):

- A member of my household having a confirmed case of COVID-19
- A member of my household being tested or advised to be tested due to a known/suspected exposure to COVID-19
- A member of my household being directed to quarantine or self-isolate
- A member of my household having “close contact” with persons with known or suspected exposure to COVID-19

5. Travel

With respect to exposure due to travel, only the traveler will be excluded. In the case of domestic travel, the traveler may be eligible to return sooner if permitted in accordance with requirements of applicable local regulation, which requirements may include a negative test.

6. COVID-19 Symptoms

I understand to enter the center my ENTIRE household must be free from the COVID-19 symptoms listed below. **If COVID-19 symptoms are present in my household, I understand all non-immune members of my household will be required to remain out of the center for at least 10 days.** I understand this list of COVID-19 symptoms may be

updated and that additional symptoms may be included by local authorities under applicable local regulation.

- Cough
 - Sore throat
 - *Fever of 100.4° or higher
 - Muscle aches
 - Difficulty breathing
 - New loss of taste or smell
- *Threshold may differ in certain localities*

7. Early Return Options following Exclusion for Symptoms

If my household has been excluded from the center due to the presence of COVID-19 symptoms, I understand, where permitted under local regulation, my household may be able to return to the center earlier if I can provide acceptable Confirmation of Early Return or Clearance to Return.

Confirmation of Early Return:

A signed *Early Return Confirmation* that the symptomatic individual has tested negative with a molecular (PCR) test, it has been at least two full days since symptom onset, and the symptomatic individual has been fever-free for at least 24 hours with all other symptoms improving and no new symptoms since testing.

Clearance to Return:

Clearance to Return from a medical provider (M.D., D.O., N.P., and P.A.) who has assessed the symptomatic individual and provided written confirmation:

- A) The individual has tested negative and can return when fever-free for at least 24 hours (without use of fever-reducers) and symptoms are resolving; or
- B) There is an alternate diagnosis causing the COVID-like symptoms and the individual has tested positive for a confirmed non-COVID microbiological diagnosis, or negative for COVID-19 using a molecular or antigen test for SARS- CoV-2; or
- C) There is an alternate diagnosis causing the COVID-like symptoms.

Individuals presenting with symptoms of an upper respiratory illness, or ear, nose or throat infection, must provide clearance to return pursuant to options A) or B) above, and option C) will not be sufficient. Any unspecified diagnosis is presumed to be COVID and early return will not be permitted. Clearance to Return must be provided by a third party and cannot be provided by a family member. Any exclusion for an exposure cannot be cleared by a medical provider.

Any return to the center would remain subject to the requirements of the center's standard illness policy and compliance with the daily health screen requirements.

8. Daily Health Screen

I understand health screens will be conducted daily, either via a designated application or upon arrival. I will answer all health screen questions truthfully for myself, my child and for every other person in my household. I understand that a temperature check may be taken of each person dropping off/arriving.

9. Drop-off and Pick-up

For the safety of all those present in the center and to limit risk of exposure, I understand that I may not be permitted to enter the center beyond the designated drop-off and pick-up area. I understand that all adults are required to wear a face covering and are expected to respect social distancing requirements while at the center and while on center property.

10. Compliance

I will comply with all applicable legal requirements imposed, from time to time, on participants in child care programs.

11. Withdrawal

I understand that I must give thirty (30) days’ notice before withdrawing my child (ren) from the center. If I accept enrollment and do not attend or if I withdraw upon less than thirty days’ notice, I will be charged one month’s tuition for the thirty day notice period.

12. Acknowledgment

I understand that my child will be in contact with children, families and staff who may also be at risk for community exposure. I understand that no restrictions, guidelines or practices will remove all risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I agree to use my judgment about what is best for my family and household, including undertaking additional precautions to protect the health of those in my household that may be at increased risk for severe illness from COVID-19.

I HAVE READ, UNDERSTOOD AND AGREE ON BEHALF OF ALL MEMBERS OF MY HOUSEHOLD AND ALL INDIVIDUALS AUTHORIZED TO PICK-UP MY CHILD(REN) TO THE CONDITIONS NOTED ABOVE.

<i>Child(ren) Name(s):</i>	
<i>Parent Name:</i>	
<i>Signature:</i>	
<i>Date:</i>	