

STUDENT NAME: \_\_\_\_\_



UNIVERSITY CHRISTIAN HIGH SCHOOL  
602 7<sup>th</sup> Avenue NE  
Hickory, NC 28601  
Phone: 828-855-2995/Fax: 828-855-3993  
[uchs@uchigh.com](mailto:uchs@uchigh.com)

**2022-2023**  
**COVID SCHOOL ATTENDANCE ACKNOWLEDGEMENT**  
**AND DISCLOSURE FOR STUDENT FAMILIES**

Please read and initial each statement below. This should be initialed and signed by parents and/or guardians.

1. \_\_\_\_\_ I/My Child understand that to enter the facility premises my child must be free from Covid symptoms. If during the course of the day any of the following symptoms appear, I will be contacted, and my child MUST be picked up from the campus as soon as possible. We will also request that they be tested for Covid.

People with Covid have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with these symptoms may have COVID:

- fever or chills
- cough (or a change in cough for those with allergies or asthma)
- shortness of breath or difficulty breathing
- diarrhea, nausea, or vomiting
- loss of taste or smell
- congestion or runny nose
- sore throat
- severe headache, especially with a fever
- fatigue
- muscle or body aches

This list does not include all possible symptoms. You should refer to CDC guidelines at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. While Administration understands that many of these symptoms can also be related to non-Covid-related issues, we must proceed with an abundance of caution. Please take them seriously and consult with your family physician. You can find the link to the CDC guidelines at [www.uchigh.com](http://www.uchigh.com) under Parent Resources.

2. \_\_\_\_\_ I will immediately notify the School Office if my child has tested positive, is exhibiting symptoms, or is presumed positive for Covid. If the child has tested positive, then they will be required to isolate for 5 days from the first full day of symptoms or from the test date if asymptomatic. They may return to school after the 5 day isolation provided they have not had a fever for 24 hours without fever-reducing medication and they are showing symptom improvement. They are required to wear a well-fitting mask for 5 days after the isolation period.

(Continued on next page)

3. \_\_\_\_\_ If your child has tested positive for Covid, the school will need a list of other potentially exposed students for contact tracing purposes. Exposure is determined as close contact with someone who is less than six feet away from an infected person for 15 minutes or more.
4. \_\_\_\_\_ I/My Child understand that while attending school each day my child will be in contact with children, families, and school staff 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 Covid as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I/My Child understand that we play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
4. \_\_\_\_\_ I/My Child understand that UCHS Covid protocols may change as the Covid-19 situation evolves.
5. Y  N  Please check the appropriate box. Yes, my child is vaccinated or no, my child is not vaccinated. This is only for school records only. UCHS does not mandate vaccinations for students.

I/We certify that I have read, understand, and agree to comply with the provisions listed herein.

\_\_\_\_\_  
Child's Name Grade

\_\_\_\_\_  
Please print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Please print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature