



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,
 - Has tested positive for flu, strep, Covid or any other communicative diseases
3. I understand The Robin's Nest will continue to follow as closely as possible, the guidelines of both the CDC and state and local officials to ensure the health and wellbeing 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 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 viruses can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that the members of our family 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 are assuming by attending our program.

PHUMC disclaims all liability for exposure to communicable diseases.

Child's Name: _____ DOB: _____

Parent Name: _____

Parent Signature _____ Date: _____

Director/Witness: _____ Date: _____