

COVID-19 Stay Safe Pledge

This pledge is in effect from _____ to _____, 2020 / 2021.

I, _____, understand that my behavior affects others, and I will do my part to keep everyone safe. I understand how important it is to support efforts to minimize exposure and spread of COVID-19. I commit to making responsible choices and to being an accountable member of _____ {school}.

I agree to the following (*write your initials next to each statement*):

____ If gathering with people, I will practice social distancing.

____ I will not attend parties or gatherings of more than 10 people and avoid crowded places.

____ I will wash my hands often with soap and water for at least 20 seconds or use hand sanitizers, and clean surfaces I touch – especially after blowing my nose, coughing, or sneezing.

____ I will keep my things separate from others' belongings. If sharing supplies is necessary, I will make sure the supplies are disinfected between uses.

____ I will help keep my personal learning space clean by wiping down materials and desk area.

____ I will monitor my health on a daily basis and tell parents if I have symptoms or feel sick.

____ I will wear a mask or face cover at school or where distancing cannot be maintained.

____ I will stay home if I am sick or if I have been in contact with someone who has a confirmed case of COVID-19 within the last 14 days.

____ I will support my overall wellness: get enough sleep, exercise, and eat a healthy diet.

____ I (or my parents) will report to school officials if I have tested positive for COVID-19.

____ I will avoid attending classes or participating in extracurricular activities if I have any symptoms of COVID-19, am awaiting test results, or test positive for the virus.

____ I will encourage others to follow these guidelines.

____ I will follow any new guidelines from the Centers for Disease Control and Prevention.

The safety of our school is a shared responsibility, and my actions can put myself and others at risk. I understand that whether or not I take this pledge, failure to comply with these guidelines will result in consequences. If I believe I may *not* be able to adhere to this protocol for disability-related reasons, I should contact _____.

Print name: _____

Signature: _____

Witness signature: _____

Date: _____