

**FALCON WELLNESS AGREEMENT**

**2021-2022**

Fuqua School is committed to providing a continued program of instructional excellence during the COVID-19 pandemic. To do so, we will continue to institute a multi-layered mitigation approach to protect the health and wellbeing of students and staff.  In helping with these efforts, **ALL** students and families must agree to follow a set of expectations to minimize the spread of COVID-19 by signing the 2021-2022 Falcon Wellness Agreement. Please discuss this agreement and the rationale for them with your child(ren) before signing.

**Personal Care:**

* I agree to sanitize my hands with soap and water or hand sanitizer thoroughly and frequently throughout the school day.
* I agree to maintain the suggested physical distance of three feet from other people (students and faculty/staff) in both classrooms and common spaces on campus.
* I understand that face coverings must be worn by all students, faculty, and staff while indoors, except when eating and drinking.
* I understand that face coverings do not need to be worn outdoors unless keeping three feet of social distancing is impossible.
* I agree that I (or my family) will monitor myself daily for COVID-19 symptoms including temperature, muscle aches, loss of taste and/or smell, coughing, and gastrointestinal symptoms such as diarrhea, nausea or vomiting. I agree to contact my family doctor if I have any COVID-19 symptoms, as well as my child’s division office.
* If I am not feeling well, I will not attend class and a family member will contact the lower/middle school office or the upper school office letting the staff know of the absence.

**Pledge of Commitment:**

* I agree to the expectations outlined in the 2021-2022 COVID-19 Falcon Wellness Agreement.
* I understand I may be asked to leave the campus and may face disciplinary consequences if it is determined I am not upholding the expectations outlined above.
* I understand my decisions and behaviors may potentially impact the health and safety of all members of the Fuqua School community and the greater community, including my fellow students, employees of the School, and my own well-being.
* I have discussed this agreement with my parents (or children).

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***Please sign and return this for electronically or you child’s division office no later than Friday, August 13, 2021. Please submit one per child.***

**Child’s Name (First and Last):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade Level:** \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name (First and Last):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print)

**Child’s Signature (Grades 4-12):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**

Date Received\_\_\_\_\_\_\_\_\_

Approved \_\_\_\_\_\_\_