



Dynamic Minds Academy
Health Plan Commitment
For Families

As the parent/guardian of a student who attends Dynamic Minds Academy I pledge to do my part to reduce the spread of COVID-19 by engaging in the following practices:

- Monitoring my child(ren) for the following symptoms and keeping them home from school when displaying one or more of these symptoms:
 - A fever of 100.4° or greater
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeating shaking with chills
 - Muscle pain headache
 - Sore throat
 - New loss of taste or smell
- Be able to pick up their child(ren) from school within a reasonable amount of time if their child(ren) presents symptoms while at school.
- Reporting any positive student COVID-19 cases to the Education Director of DMA
- Following the “Return to School After Exclusion” steps outlined in the “DMA Return to School Plan and Health Protocol”.
- Speak to your child and encourage them to follow preventative measures such as social distancing, frequent handwashing, and the use of cloth face coverings.

Student Name(s): _____

Parent/guardian Name Printed: _____

Parent/guardian Signature: _____

Date: _____