



LEGACY
CHRISTIAN ACADEMY

LEGACY CHRISTIAN ACADEMY COVID-19 RETURN TO SCHOOL

Parent Commitment Letter

Parents and guardians of enrolled Legacy students,

Please read the commitment letter below, sign it, and either bring it to the School Office, scan and email it to tjohnson@lcamn.org, or return it at the Back to School Open House on August 24. Legacy must have a signed Commitment Letter for every student by August 24 and before they begin attending their 2020-21 classes.

I, _____, (parent first name, last name), understand and commit to the following:

1. Prior to each school day, I will assess my student for COVID-19 symptoms based on the LCA COVID-19 Health Screening Flow Chart. I will also assess other contagious illness-related symptoms. I will commit to keeping my student home from all school activities if these symptoms are present based on the detailed symptom guidelines provided in the COVID-19 Health Screening Flow Chart.
2. I will not send my student to school if I am aware that he/she has been exposed to someone who has a positive diagnosis for COVID-19.
3. I will contact the school immediately by emailing healthoffice@lcamn.org if I am keeping my student home due to illness.
4. Should my student develop symptoms while at school, I will ensure someone is available to pick him/her up promptly if we are contacted by the school to do so.
5. If a member of our household has been exposed to or diagnosed with COVID-19, I will notify the School Nurse at healthoffice@lcamn.org or 763.316.6241.

Student First Name: *(please print)* _____ Last Name: _____

Student First Name: *(please print)* _____ Last Name: _____

Student First Name: *(please print)* _____ Last Name: _____

Student First Name: *(please print)* _____ Last Name: _____

Student First Name: *(please print)* _____ Last Name: _____

Parent/Guardian: *(please print)* _____

Parent/Guardian Signature: _____

Date: _____

This form will be included with your back to school packet for ease of returning required school documents.