

**COVID-19 Safety Pledge: PreK-5 Students**



We must work together to keep everyone safe. I promise to do my part.

- I will try my best in school everyday.
- I will let an adult know if I need help.
- I will stay home if I am sick.
- I will wear a mask/face covering.
- I will stand 6-feet apart from others when at school or in public.
- I will wash my hands a lot.

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### **COVID-19 Safety Pledge: Middle and High School Students**

We must work together to keep ourselves, families, peers, teachers, staff, and community as safe and healthy as possible. A combination of actions will reduce the risk of COVID-19 transmission. I must also be an active learner and care about my education. I pledge to do my part.

#### ***If/when I am learning remotely.***

- I will have a dedicated space to do my school work as best as I am able.
- I will take good care of the device (e.g. Chromebook, iPad) given to me.
- I will let my teacher or parent/guardian know if I need a certain material or if I need help.
- I will try my best in school every day. I will be on time. I will pay attention to my teachers. I will submit assignments on time.
- I will contact my teacher/school if challenges arise so we can work together to resolve them.

#### ***If/when I am attending school in-person.***

- I will work with my parent/guardian to conduct a health and [symptom screening](#) (CDC, MA DPH) before I go to school each day.
- I will stay home from school when I am sick. If I have any of the following symptoms, I must **CONTACT MY HEALTH CARE PROVIDER AND SCHOOL NURSE** and get a COVID-19 virus test prior to returning to school or remain at home in isolation for 14 days. (Here are MA [test sites](#) and [DESE Protocols for Responding to COVID-19 Protocols](#).) **Symptoms include:** Fever (100.0° Fahrenheit or higher), chills, or shaking chills; Cough (not due to other known cause, such as chronic cough); Difficulty breathing or shortness of breath; New loss of taste or smell, Sore throat, Headache *when in combination with other symptoms*; Muscle aches or body aches; Nausea, vomiting, or diarrhea; Fatigue, when in combination with other symptoms; Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*.
- If a family member or I test positive for COVID-19, I will remain at home for at least 10 days and until at least 3 days have passed with no fever and improvement in other symptoms.
- I will let my teacher know if I need help or if a challenge arises.
- I will follow and support the guidelines outlined in [Holyoke's return-to-school plan](#), especially wearing a face covering/mask, practice social distancing, and washing my hands frequently.

#### ***When I am not at school/work.***

- I will be a responsible citizen and do my best to follow the [health and safety guidelines](#) in MA.
  - Wear a face covering/mask that covers my mouth and nose.
  - Social distance from others who are not in my immediate circle.
  - Wash hands and use hand sanitizer frequently.
  - Avoid large gatherings and adhere to the travel order requirements.
  - Keep my immunizations current and get the flu vaccine - required by Dec 31, unless either a medical or religious exemption is provided.

**\*\*\*Contact your health care provider and [school nurse](#) if you or a household member has or may have COVID-19. Call our hotline at 413.561.0862 with questions.\*\*\***

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### **COVID-19 Safety Pledge: Parents/Guardians**

We must work together to keep ourselves, children, families, staff, and community as safe and healthy as possible. A combination of actions will reduce the risk of COVID-19 transmission. We must also work together to ensure that all Holyoke children receive a high-quality education. I pledge to do my part.

#### ***If/when my child is learning remotely.***

- I will ensure my child has a dedicated space for school work as best as I am able.
- I will ensure my child has the materials they need for school work and will contact the school if something is needed.
- I will ensure my child is engaged in remote learning every day. I will contact their teacher if my child cannot engage in remote learning for the day due to illness or an extenuating circumstance.
- I will contact my child's teacher/school if challenges arise so that we can problem solve together.

#### ***If/when my child is attending school in-person.***

- I will conduct a health and [symptom screening](#) ([CDC](#), [MA DPH](#)) of my child before they go to school each day.
- My child will stay home from school when sick. If my child has any of the following symptoms, I must **CONTACT OUR HEALTHCARE PROVIDER AND SCHOOL NURSE** and my child get a COVID-19 virus test prior to returning to school or remain at home in isolation for 14 days. (Here are MA [test sites](#) and [DESE Protocols for Responding to COVID-19 Protocols](#).) **Symptoms include:** Fever (100.0° Fahrenheit or higher), chills, or shaking chills; Cough (not due to other known cause, such as chronic cough); Difficulty breathing or shortness of breath;;New loss of taste or smell, Sore throat, Headache *when in combination with other symptoms*; Muscle aches or body aches; Nausea, vomiting, or diarrhea; Fatigue, when in combination with other symptoms; Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*.
- If my child or an immediate family member tests positive for COVID-19, my child will remain at home for at least 10 days and until at least 3 days have passed with no fever and improvement in other symptoms.
- I will pick up my child from school if they become sick or are in close contact to someone at school who is identified to have COVID-19.
- I will contact my child's teacher/school if my child cannot attend school in-person or if other challenges arise so that we can work together to resolve them.
- My child and I will adhere to and support the guidelines in Holyoke's [return-to-school plan](#).

#### ***When I am in the community.***

- I will be a responsible citizen and do my best to follow the [health and safety guidelines](#) in MA, such as: Wear a face covering/mask that covers my mouth and nose; Social distance from others who are not in my immediate circle; Wash hands and use hand sanitizer frequently.; Avoid large gatherings and adhere to travel order requirements outlined by MA; Keep my and my families' immunizations current and get the flu vaccine - required by Dec 31, unless either a medical or religious exemption is provided.

**\*\*\*Contact your health care provider and [school nurse](#) if you or a household member has or may have COVID-19. Call our hotline at 413.561.0862 with questions.\*\*\***

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### **COVID-19 Safety Pledge: Staff**

We must work together to keep ourselves, children, families, staff, and community as safe and healthy as possible. A combination of actions will reduce the risk of COVID-19 transmission. We must also work together to ensure that all Holyoke children receive a high-quality education. I pledge to do my part.

#### ***If/when I am teaching or working remotely.***

- I will work with every student and family to help ensure they are set up well for learning at home: a dedicated space if possible, instructional materials, and internet access as needed.
- I will work with every student and family to ensure each student is engaged in remote learning every day. I will contact the family when a child is absent or seems to be struggling.
- I will learn the best practices to promote blended learning, if relevant to my position, and commit to asking for help when needed.
- I will follow the expectations outlined by my school/office in regards to responding to family questions/concerns/emails promptly.

#### ***If/when I am teaching or working at school or central office in-person.***

- I will conduct a health and [symptom screening \(CDC, MA DPH\)](#) before I go to school/work daily.
- I will stay home from school/work when I am sick. If I have any of the following symptoms, I must **CONTACT YOUR HEALTH CARE PROVIDER AND SCHOOL NURSE** and get a COVID-19 virus test prior to returning to school or remain at home in isolation for 14 days. **Symptoms include:** Fever (100.0° Fahrenheit or higher), chills, or shaking chills; Cough (not due to other known cause, such as chronic cough); Difficulty breathing or shortness of breath; New loss of taste or smell, Sore throat, Headache *when in combination with other symptoms*; Muscle aches or body aches; Nausea, vomiting, or diarrhea; Fatigue, when in combination with other symptoms; Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*.
- If a family member or I test positive for COVID-19, I will remain at home for at least 10 days and until at least 3 days have passed with no fever and improvement in other symptoms.
- I will work with every student and family to ensure each student is attending. I will contact the family when a student is absent or seems to be struggling.
- I will adhere to and support the guidelines outlined in Holyoke's [return-to-school plan](#).

#### ***When I am in the community.***

- I will be a responsible citizen and do my best to follow the [health and safety guidelines](#) in MA.
  - Wear a face covering/mask that covers my mouth and nose.
  - Social distance from others who are not in my immediate circle.
  - Wash hands and use hand sanitizer frequently.
  - Avoid large gatherings and adhere to the travel order requirements outlined by MA.
  - Keep my immunizations current and get the flu vaccine - required by Dec 31, unless either a medical or religious exemption is provided.

**\*\*\*Contact your health care provider and [school nurse](#) (or Dir. of Health, Wellness and Nursing for CO/CS) if you or a household member has or may have COVID-19. Call our hotline at 413.561.0862 with questions.\*\*\***

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_