

**Personal Responsibility 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:** \_\_\_\_\_

### **Personal Responsibility 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. 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 home until cleared to go to school.
- 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 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.
  - 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: \_\_\_\_\_

### **Personal Responsibility 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. ([Test sites](#). [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 until cleared to return to school.
- I will pick up my child from school if they become sick or are in close contact to someone 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 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 have my school-aged children 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: \_\_\_\_\_