RIVENDELL SCHOOL

# HEALTH AND SAFETY PROTOCOLS
# THE LETTER OF UNDERSTANDING

Child's Name: _____

We or I understand and agree to follow the Rivendell School Health and Safety Protocols as defined in the Parent Handbook. Based on the most recent guidance from New York State and City Health Departments, these protocols are subject to change. Rivendell School reserves the right to impose more stringent regulations than those of city, state, and federal agencies to guard the safety of students and staff.

We or I understand that, in addition to other required vaccinations, Rivendell School expects all eligible children to be fully vaccinated according to the New York City Department of Health and Mental Hygiene vaccination requirements for children attending licensed early childhood education programs.

We or I understand that a child who has had fever, diarrhea, or vomiting within the past 24 hours may not come to school and must be fever-free without fever-reducing medication for at least 24 hours before returning to school.

We or I understand that Rivendell School will inform parents if any children or staff have a serious, contagious condition as defined by the NYC Department of Health.

We or I understand that we or I will be fully informed about any changes to the Rivendell School Health and Safety Protocols.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

277 Third Avenue • Brooklyn, NY 11215 • 718-499-5667 • 718-499-7269 fax