



Student Departure Plan **In Case of Student's Illness**

*A student may not start the 2020-2021 academic year
without completing a Campus Departure Plan.*

We are pleased to welcome students back to campus in the fall. We are currently developing policies and protocols to support the health and safety of our community in the 2020-2021 school year. Successfully navigating this unprecedented global health situation will require flexibility and cooperation, as well as advanced planning from every member of the community.

In the interest of the health and safety of the OFS community, there will be times when individual students may be required to leave campus, including, but not limited to, if your student:

- Exhibits symptoms consistent with COVID-19 or other communicable illness
- Tests positive for COVID-19
- Requires COVID-19 testing
- The school nurse decides their condition is such that they must depart campus

Therefore, we are requiring each OFS family to share their plan for their student's departure from campus should they become ill or need to quarantine for a period of time. The components of this plan will include the following in the event a student is required to leave campus:

- Which parent/guardian you would like OFS to contact first
- The name and contact information for any individual who will be responsible for transporting your student
- Where and with whom your student will stay for a quarantine situation (typically 14 days)
- Where and with whom your student will stay should campus need to close (only applicable to boarding students)

We thank you for supporting the safety and health of your school, and for your contribution to the care of our whole student and adult community.

For more information about what it means to isolate and quarantine, please refer to <https://www.cdc.gov/quarantine/index.html>



Student Departure Plan

PLEASE NOTE:

**Day students will be expected to depart campus within 3 hours of being contacted by the school,
Boarding students within 24 hours.**

Student's Name: _____

Primary Plan:

(Who is the first person we should contact if your student must leave campus in any of the circumstances listed previously. *Remember: ride shares, buses, and other public transportation may not be available or may not let your child to be a passenger if they are ill or symptomatic.*)

Name of primary contact to call: _____

Relationship to student: _____

Phone Number A: _____ Phone Number B: _____

Method of pickup (car, train, etc): _____

Expected time needed for contact to get to campus: _____

Will the student be able to remain with this contact until any illness, quarantine or required testing is completed? _____

If not, who will they stay with until said time (Name, location & phone number): _____

Secondary Plan:

(please provide a secondary plan for your student to leave campus in the event that your primary contact is unavailable):

Name of secondary contact to call: _____

Relationship to student: _____

Phone Number A: _____ Phone Number B: _____



Method of pickup (car, train, etc): _____

Expected time needed for contact to get to campus: _____

Will the student be able to remain with this contact until any illness, quarantine or required testing is completed? _____

If not, who will they stay with until said time (Name, location & phone number): _____

Additional Comments or Notes regarding departure plans: _____

We require the signatures of all parents or guardians of the student, including when parents are married and/or sharing one household. We require this to ensure that all adults responsible for the student are aware of the Departure Plan.

- I/We the undersigned, agree to the plans above and understand that we are responsible for the departure of my/our child from OFS's campus within the noted time period once I/we or our designated guardian/caretaker is notified.
- I/We understand that my/our child's return to school and campus must be approved by OFS and we must follow school policies and instructions for returning to campus.

Parent/Guardian name (print): _____ Date: _____

Parent/Guardian name (sign): _____

Parent/Guardian name (print): _____ Date: _____

Parent/Guardian name (sign): _____