

5015 Pandemic—Statement of Understanding and Consent Form for Students

STUDENT: _____

SCHOOL _____

PARENTS/LEGAL GUARDIANS: _____

COVID-19 has been declared a pandemic and is contagious. As a result, in order to resume school activities, social distancing and other essential safety measures at the Catholic School named above ("School") have been established. The School has put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at School and School activities. Even with implementation of such safety protocols, the School cannot guarantee that I or my child(ren) will not become infected with COVID-19. Attendance at School and/or participation in School activities could increase my risk and/or my child(ren)'s risk of contracting COVID-19. On behalf of myself and my child(ren), I expressly assume this risk.

I agree to conduct a daily COVID-19 self-screening of my child (student) before school by reviewing each of the following questions with him/her:

| | | | |
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| <p><i>Do you have one of the following?</i></p> <ul style="list-style-type: none"> • Fever of over 100.4 °F • Onset of shortness of breath or difficulty breathing • New onset of dry cough • New onset of loss of taste or smell | <p><i>Do you have 2+ of the following?</i></p> <ul style="list-style-type: none"> • Chills longer than two hours • Congestion and/or runny nose • Nausea, vomiting or diarrhea • Sore throat • Headache • Muscle pain | <p><i>Have you had close contact with someone positive for COVID-19?</i></p> <p><i>Close contact means contact longer than 15 minutes within 6 feet without a face covering or residing with someone who is positive.</i></p> | <p><i>Have you been directed to self-isolate due to a positive COVID-19 result or for having contact with someone with COVID-19?</i></p> |
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I understand that if the answer to any of the foregoing questions on any given school day is "Yes," I will not permit my child to attend school and will notify the School immediately.

I understand that, in the event my child develops symptoms or suspected symptoms of COVID-19, I will be contacted by the School, and I will make immediate preparations to have my child picked up from School. I further understand and affirm that the School and School staff have discretion to determine whether a student is ill, or potentially contagious, and whether it is in the best interests of the student, student body, teachers, and School staff to mandate that a student be picked up from school at the time of that determination.

By execution of this Form, I understand and agree to the foregoing terms and conditions.

Parent/Legal Guardian Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Date: _____