

COVID-19 CONSENT FORM

St. Vincent de Paul School

PARENTS/LEGAL GUARDIANS: _____

STUDENT _____ GRADE LEVEL _____

STUDENT _____ GRADE LEVEL _____

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STUDENT _____ GRADE LEVEL _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is extremely 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 comply with the School's rules, policies, and procedures it may adopt in order to prevent and/or minimize the spread of COVID-19. I understand that some of the rules, policies, and procedures which the School adopts may be mandated or suggested by local, state, or federal health authorities.

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:

<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 Principal immediately. I will not permit my child back to School or allow my child to participate in any School activities until I receive written approval from the Principal. I understand that, as a condition of approval, the Principal may require my child to obtain a negative test result for COVID-19 or produce a Physician's Note indicating that it is safe for my child to return to School.

I understand that, in the event my child develops symptoms or suspected symptoms of COVID-19, I will be contacted by School staff and I will make immediate preparations to have my child picked up from School. In the event of a medical emergency, I authorize the School and School

staff to call 911 and request emergency assistance. 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.

I also understand and consent that, if my child is diagnosed with COVID-19, the School may disclose my child's name to local and state health officials and, if necessary, to staff members, other students, or other students' parents or guardians in order to help trace and contain the spread of COVID-19.

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: _____