

COVID-19

Parent/Student Participation Acknowledgement Statements

I _____, the parent/guardian of _____, acknowledge that I have received information on all of the following:

- What you should know about COVID-19 to protect yourself and others
- Share facts about COVID-19
- Multisystem Inflammatory Syndrome in Children (MIS-C)
- COVID-19 Frequently Asked Questions from the Maryland State Health Department.
<https://coronavirus.maryland.gov/#FAQ>

I _____, the parent/guardian of _____, will follow the requirements for in-person attendance at any extracurricular activity event.

- I will not send my child to extracurricular activities if they are exhibiting any signs/symptoms of COVID-19 or have experienced a known exposure to someone who is COVID19 positive or positive COVID19 test of student within a minimum of 10 days, or notification from the health department, a healthcare provider, or school nurse that you need to isolate or quarantine.
- I will review symptoms with my child and monitor my child's symptoms every day that my child attends in-person activities/events.
- If my child becomes ill during any in-person activity/event, I will ensure they are picked up promptly. I will follow-up with an authorized health care provider/health department and comply with recommended quarantine or isolation as directed. If my child is ill, I understand that a release to return to in-person activity from an authorized health care provider may be required.
- My child will wear a cloth face covering to be worn at all times with the exception of during participation in a strenuous activity.
- Only participants will be permitted on the grounds during the activity.
 - Parents may sit in cars, on the school grounds, if they choose.

Signs and Symptoms of COVID-19:*

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|------------------------------------|----------------------|
| ● New loss of taste or smell | ● Sore Throat |
| ● Cough | ● Headache |
| ● Shortness of breath | ● Nausea or vomiting |
| ● Difficulty Breathing | ● Diarrhea |
| ● Fever of 100.4 degrees or higher | ● Fatigue |
| ● Chills or shaking chills | ● Congestion |
| ● Muscle Aches | ● Runny Nose |

*Refer to Weekly Guidance from CCPS regarding updated symptoms

Students must be free of fever for 24 hours without the use of fever reducing medications.

Parent/Guardian _____ Parent/Guardian _____
Print Name Signature and Date

Student _____ Student _____
Print Name Signature and Date