

I _____ the parent/guardian of _____ will follow the HCPS requirements for in-person attendance at any HCPS Activity.

- My child will always wear a mask or fabric face covering, practice handwashing, and maintain social distancing when participating in an HCPS Activity, as per Maryland State Department of Education /Maryland Department of Health guidelines.
- I will only send my student to an HCPS Activity if they are not exhibiting any signs/symptoms of COVID-19 or have not been exposed to someone with COVID-19 (or presumed to have COVID-19) in the past 14 days.
- I will review symptoms with my student and monitor my student's temperature every day that my student attends any in-person HCPS Activity.
- If my student becomes ill during the HCPS Activity, I will ensure they are picked up from school promptly (students who are ill are not permitted to be transported home via HCPS buses). I will follow-up with an authorized health care provider/health department and comply with recommended quarantine or isolation as directed. If my student is ill, I understand that a release to return to in-person activity from an authorized health care provider will be required.
- Students must be free of fever without the use of fever reducing medications for the period of time directed by the Maryland Department of Health's current guidelines. Please consult your health care provider or the Harford County Health Department with specific questions about COVID 19.
- I am aware that by participating in the HCPS Activity that there is a risk of being exposed to COVID-19. I am also aware that such an exposure can occur either directly or indirectly whether or not a mask or fabric face covering is worn and notwithstanding reasonable efforts by HCPS to mitigate exposure.
- I have considered my student's and family's personal health risk in the decision to attend the HCPS Activity. I have independently evaluated and reviewed the risks of being exposed to or infected by COVID-19 and have determined to allow my student to participate in an HCPS Activity with full knowledge and acceptance of the above risks.
- I will notify the school as soon as I am aware that my student has tested positive for the virus that causes COVID-19 or that they have been exposed to a person who is confirmed to have COVID-19.

Signs and Symptoms of COVID-19:

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| • Fever (100°F or greater) or chills | • Fatigue | • Sore throat |
| • Cough | • Muscle or body aches | • Congestion or runny nose |
| • Shortness of breath or difficulty breathing | • Headache | • Nausea or vomiting |
| | • New loss of taste or smell | • Diarrhea |

If you need health insurance for your child, please visit: <https://www.marylandhealthconnection.gov/> or call 1-855-642-8572. The Harford County Health Department Communicable Disease department can be reached at: 410-612-1774.

Parent Agreement Letter of Compliance with COVID-19 Guidelines

Student Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Phone Number: _____