

2021 Parent Agreement and Acknowledgement of Compliance with COVID-19 Guidelines

I, _____, the parent/guardian of _____ will follow the HCPS requirements for in-person attendance at any activity directed, controlled, or supervised by HCPS (HCPS Activity).

- My child will always wear a mask or fabric face covering, practice handwashing, and maintain social distancing to the extent possible when participating in any HCPS Activity, as per Maryland State Department of Education (MSDE) and Maryland Department of Health (MDH) 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 actively monitor my student's temperature every day that my student attends any in-person HCPS Activity.
- Students must be free of fever without the use of fever reducing medications for the time period 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.
- If my student becomes ill during an 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 isolation as directed. If my student is ill, I understand that a release to return to in-person activity from a health care provider will be required.
- If my student is in close contact (within 6 feet for a cumulative 15 minutes with or without a mask) with a person who develops COVID-like illness within 48 hours of being at school, I understand that my student will need to quarantine, and that HCPS will require your child to be picked up from school.
- I am aware that by participating in any 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 based on current State and Local public health guidelines.
- I have considered my student's and family's personal health risk in the decision to attend the HCPS Activity. I have considered the rates of community spread and understand that COVID-19 can be widespread in Harford County. 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 understand that the scale of HCPS operations may impact the extent to which HCPS may implement social distancing guidelines and that as HCPS increases the scope of in person learning opportunities it will work with the HCHD regarding any changes to any COVID protocols including social distancing guidelines.
- 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.
- I will ensure that my student follows all Maryland state travel advisories, if any, as it relates to quarantine, testing, and coming to any HCPS activity in-person.

Signs and Symptoms of COVID-19: Fever (100°F or greater) or chills; Cough; Shortness of breath or difficulty breathing; Fatigue; Muscle or body aches; Headache; New loss of taste or smell; Sore throat; Congestion or runny nose; Nausea or vomiting; Diarrhea

If you need health insurance, 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.

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Phone Number: _____