

This is a sample policy and is not intended to constitute legal advice. Creation of any actual policy should reflect the school's unique circumstances and legal needs. It should be reviewed by a qualified attorney together with an authorized school agent.

ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITIES
[insert school name]

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, international governments and health agencies recommend social distancing, frequent hand-washing / hand-sanitizing, and the use of masks. Currently, there is an increasing level of community transmission locally. The SCHOOL has put preventative measures in place to curtail the spread of COVID-19. However, we cannot guarantee that you or your child(ren) will not become infected. Further, attending school could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement:

- A. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending The School, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.
- B. I understand that the risk of becoming exposed to or infected by COVID-19 at School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, our employees, volunteers, and program participants and their families.
- C. I agree that, every day, before transporting my child(ren) to The School or placing them on a bus, I will carefully examine or assess my child(ren) for any sign of illness, including the following:
 - a. cough
 - b. sore throat
 - c. shortness of breath or difficulty breathing
 - d. chills, shivering, or sweating
 - e. new loss of taste or smell
 - f. vomiting/diarrhea
 - g. flushed cheeks
 - h. fatigue
 - i. extreme fussiness
 - j. achiness or muscle pain
 - k. headache
 - l. not eating or drinking

If any sign of illness is present, I will not transport my child to The School and will not have my child ride the bus, and I will inform THE SCHOOL accordingly.

- D. I agree that, if there is a confirmed case of COVID-19 in my child(ren)'s household(s), I will report this to school leaders immediately. I understand that THE SCHOOL will inform local health officials if my child(ren) test positive for COVID-19, and THE SCHOOL will also inform other parents in the cohort of a positive case (while maintaining privacy).

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- E. I understand that my child(ren)'s temperature will be taken each morning, and if that temperature is 100.4 F or higher, my child(ren) will not be allowed to attend The School. In this instance, I will follow the protocols outlined by THE SCHOOL regarding when my child(ren) can return to school.
- F. I understand that my child(ren) will be required to wear a mask during their time at The School. I will supply my child(ren) with properly fitting masks, support the school by practicing mask wearing at home, and understand that refusal to wear a mask will result in my child being sent home.
- G. My child(ren) and I and any other parent or legal guardian will abide by all rules adopted by and all directions and instructions of THE SCHOOL and its employees, and volunteer. This includes but is not limited to all of the COVID-19 related requirements above.
- H. I have read and understand the School safety protocols and procedures. Further, I understand that these protocols and procedures serve to mitigate risk. They cannot guarantee protection against the transmission of COVID-19.
- I. I agree that my family will follow federal (CDC), state (NCDHHS) and local (_____ County Public Health) guidelines when it comes to COVID-19. Additionally, I agree that my family will adhere to current [CDC guidelines](#) when traveling.
- J. I understand that, if my child(ren) shows any sign or symptom of illness or if there is a medical event or emergency involving my child(ren), I, for myself and on behalf of my child(ren) and any other parent or legal guardian, authorize and permit THE SCHOOL and its employees, volunteers, and School leaders to seek and obtain diagnosis, examination, testing, care, treatment, injection, hospitalization, anesthesia, surgery, transfusion, or any other medical intervention or procedure for or on behalf of my child(ren), as recommended by a healthcare provider, until I or another parent or legal guardian of my child(ren) is present. This authorization and permission further allows THE SCHOOL and its employees, volunteers, and School leaders to transport my child(ren) to a health care provider. THE SCHOOL and its employees and School leaders are also authorized to inform or notify any government agency, official, or any other person or entity of any injury, sickness, illness, disease, or sign or symptom of illness relating to my child(ren) of which THE SCHOOL or its employees and School leaders become aware.

I HAVE READ THIS ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITIES, FULLY UNDERSTAND ITS TERMS, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I AUTHORIZE THE SCHOOL TO RELY ON MY ELECTRONIC SIGNATURE AND I UNDERSTAND AND ACKNOWLEDGE THAT IT IS LEGALLY BINDING.

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Name of student(s): _____

PARENT/GUARDIAN signature: _____

PARENT/GUARDIAN signature: _____

Date signed: _____