



Parent Acknowledgement and Agreement Regarding COVID-19 Protocols

I _____ the parent/guardian of _____ will follow St. Ursula School requirements for in-person attendance. This includes any activities and events as permitted in addition to the normal school hours.

1. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein. I understand and agree that my child and I will comply with any other policies, procedures, guidelines, and rules that St. Ursula School may deem appropriate to prevent the spread of COVID-19 at its facility.
2. I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the St. Ursula School facility beyond the designated drop-off and pick-up area located at 8900 Harford Road, Parkville, MD. 21234 (except for emergency situations as contemplated below). I understand that this procedure change is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein and that they cannot pick up my child unless they also have signed this form.
3. I understand that IF there is an emergency requiring me to enter the St. Ursula School facility beyond the designated drop-off and pick-up area I MUST sanitize my hands before entering and wear a mask at all times. While in the facility, I must practice social distancing and remain at least six (6) feet away from all other people, except for my own child.
4. I understand that in order to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated away from the rest of the students and people located in the facility. I will be contacted by St. Ursula School staff as soon as possible, and my child MUST be picked up from the facility within thirty (30) minutes of being notified (or as soon as reasonably possible).

Symptoms include: Cough, Shortness of Breath, Chills, Muscle aches, Headache, Sore Throat, Loss of taste or smell, Diarrhea, Fever of 100.4 degrees Fahrenheit or higher.

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this public health emergency. These symptoms typically appear two (2) to seven (7) days after being infected, so please take them seriously.

5. I understand and agree that I am responsible for reporting to St. Ursula School if my child, my Emergency Contacts, or I have been diagnosed with COVID-19, have symptoms of COVID-19, or otherwise have reason to believe they or I have contracted COVID-19. I further understand and agree that any child, emergency contact, or parent/guardian who wants to enter St. Ursula School before completing a fourteen (14) day self-isolation period must present the school administration with a medical professional's certification of good health that clears the individual for return. It will be determined by St. Ursula School if the certificate provided allows for the individual to enter the facility prior to completion of the 14-day period.
6. I agree to wear a mask at all times while dropping off and picking up my child(ren) until notified otherwise by St. Ursula School.
7. I understand that I must complete a wellness screening questionnaire for my child(ren) prior to their entering the facility. I understand if I fail to complete this questionnaire, I will be required to complete the questionnaire prior to leaving the school's premises.
8. I understand that my child will be required to wash their hands using Centers for Disease Control and Prevention-recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least twenty (20) seconds.
9. I understand the importance of complying with state, county or local stay-at-home orders and social distancing orders, even when outside of care, in order to control my own and my child's exposure in the local community.
10. I will immediately notify St. Ursula School administration if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 4 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify the St. Ursula School administration if I am made aware that anyone from my place of employment is presumed positive or tests positive for COVID-19, and I have been physically present in my place of employment within the last fourteen (14) days.
11. I acknowledge and agree that if my child is diagnosed with COVID-19, St. Ursula School must notify the Baltimore County Health Department and possibly the Maryland Department of Health.

I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by St. Ursula School may result in termination of all privileges permitting my child(ren) to attend in-person classes. I acknowledge that enrollment of my child(ren) may be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Phone Number: _____

Emergency Contact Signature: _____

Emergency Contact Printed Name: _____

Date: _____