



Queen Anne's County Public Schools

Preparing World-Class Students Through Everyday Excellence

202 Chesterfield Avenue

Centreville, MD 21617

410-758-2403

www.qacps.org

COVID-19 AWARENESS and PARENT/GUARDIAN ACKNOWLEDGEMENT OF SELF SCREENING and CONSENT TO PARTICIPATE GUIDELINES

I _____, the parent/guardian of _____, acknowledge that I have received information on the following topics (see information attached or proceed to the following webpage:

- What you should know about COVID-19 to protect yourself and others (Centers for Disease Control and Prevention); [Click Link Here](#)
- What you can do if you are at higher risk of severe illness from COVID-19 (Centers for Disease Control and Prevention); [Click Link Here](#)
- Coronavirus Disease 2019 (COVID-19) Frequently Asked Questions (Maryland Department of Health); [Click Here](#) and
- Multisystem Inflammatory Syndrome in Children-MIS-C (Maryland Department of Health) [Click Link Here](#)

I _____, the parent/guardian of _____, further acknowledge that I will follow the guidelines of Queen Anne's County Public Schools (QACPS) for returning for in-person instruction at any QACPS school building/activity. The guidelines that I agree to are as follows:

- I am aware that by participating in QACPS in-person instruction or any QACPS activity that there is a risk that my child and others my child may come into contact with may be exposed to COVID-19. I am also aware that such exposure can occur either directly or indirectly whether or not a mask or fabric covering is worn notwithstanding reasonable efforts by QACPS to mitigate exposure.
- I have considered my child's and family's personal health risk before making the decision to return my child to in-person instruction as well as their participation in any QACPS activity.
- I have independently evaluated and reviewed the risks of my child being exposed to or infected by COVID-19, or exposing or infecting others, and have determined to allow my child to participate in a QACPS activity and/or in-person instruction with full knowledge and acceptance of the risks. I further acknowledge that I have been given the option of continuing to have my child learn virtually through distance learning.
- I will help my child to understand that they are required to wear a mask or fabric cloth face covering (except when eating and drinking), practice handwashing/hand hygiene, and maintain 6 feet social distancing when participating in a QACPS activity or present in



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a QACPS school building, and when riding on a school bus or school-provided transportation (to the extent possible) as per Maryland State Department of Education/Maryland Department of Health guidelines. Students that are incapacitated, or otherwise unable to remove a face covering without assistance, are exempt from the requirement of wearing a mask/fabric cloth face covering. If my child has a circumstance that prevents them from wearing a mask/fabric cloth face covering, per Queen Anne's County Department of Health, a mask exemption will be considered on a case by case basis, and will require a treating physician's order to be on file before in-person attendance can begin.

- I will only send my child to a QACPS school building/activity if they are not exhibiting any signs/symptoms of COVID-19 (see below) or if they have not been exposed to someone with COVID-19 or to someone suspected of having COVID-19 in the past 14 days.
- I will review symptoms with my child and monitor my child's temperature every day that my child attends in-person instruction or any QACPS activity. Students should not attend in-person instruction or participate in any QACPS activity if their temperature is 100.4 F or higher.
- If my child becomes ill while participating in a QACPS activity or during the school day, I will ensure she/he is picked up from school promptly (students who are ill are not permitted to be transported home via QACPS buses).
- If my child becomes ill I will follow-up with an authorized health care provider, and comply with recommended treatment and/or quarantine/isolate as directed.
- If my child becomes ill, I understand that authorization from a health care provider may be required to return to in-person instruction in any school building or to participate in any school activity.
- I understand that students must be free of fever for at least 24 hours without the use of fever-reducing medications per the Maryland Department of Health's current COVID-19 guidelines.
- I will notify the school my child attends as soon as I am aware that my child has tested positive for the virus that causes COVID-19, or that my child has been exposed to a person who is confirmed to have COVID-19.
- I understand that for any specific questions regarding COVID-19 I can contact my health care provider, the Queen Anne's County Department of Health, or the Maryland Department of Health for further guidance.



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Signs and Symptoms of COVID-19

- Fever (100.4 F or greater)
- Chills/shaking chills
- New 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

By signing below, the undersigned acknowledges that he/she has read, understood and agrees to comply with the QACPS COVID-19 Awareness and Parent/Guardian Acknowledgment of Self Screening and Consent to Participate Guidelines. Additionally, by signing below the parent/guardian is indicating to QACPS that they have the authority to sign this document on behalf of their family.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____