



DIOCESE OF HARRISBURG – Office of Catholic Schools

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COVID-19 ACKNOWLEDGEMENT / NOTICE

By signing or electronically accepting this COVID-19 Acknowledgment, the undersigned parent or guardian of a student enrolled in a Catholic school in the Diocese of Harrisburg, understands, acknowledges and agrees as follows:

We live in the age of the COVID-19 global pandemic, and there are potential health risks associated with my child attending school. I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another person, and the inherent risks of exposure to those who may be infected with COVID-19. I voluntarily assume the risk that I/my child/my household members may be exposed to or infected by COVID-19 as a result of or in connection with my child(ren)'s attendance at school and that such exposure or infection may result in illness and/or even death of my child(ren) and such other persons.

I have read the Health and Safety Plan located on my child(ren)'s school website or sent electronically and I understand the health and safety protocols under which the school will open. I understand the plan may be updated from time to time. I will partner with the school and comply with the Health and Safety Plan. As further detailed in the Health and Safety Plan:

- (i) I will update my child(ren)'s emergency contact information at the start of this school year and I will update it promptly whenever there is a change;
- (ii) I will limit my child's potential exposure to COVID-19 outside of school in order to protect our entire school community;
- (iii) I will evaluate my child(ren) each day before school for fever and COVID-19 symptoms, as defined by the CDC.
- (iv) If my child has a fever of 100.4 degrees F or higher, or COVID-19 symptoms as defined by the CDC, s/he may not attend school;
- (v) I will inform the school immediately if I, my child, or anyone with whom my child has had close contact receives a positive diagnosis, or presumed positive diagnosis, for COVID-19;
- (vi) I give permission for school staff to evaluate my child(ren) for fever and COVID-19 symptoms, at their discretion, and will be informed by the school when such an evaluation is done;
- (vii) If contacted, I will pick up my child promptly from school if the school deems it necessary for health and safety reasons.

I understand and acknowledge that ill students are required to adhere to all guidelines of the Health and Safety Plan, and that willful violations of the Health and Safety Plan will result in disciplinary action up to and including expulsion from the school, at the school's discretion.

I understand and acknowledge that the school will use its best efforts to guard my child(ren)'s privacy. I also understand and acknowledge that, as part of contact tracing, the name of my child(ren) and pertinent contact information will be provided, if necessary, to the Pennsylvania Board of Health and related authorities in the name of community health and safety.

Name of Student(s): _____

School(s) of Student(s): _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____