

APPENDIX G - COVID-19 Awareness Parent/Student Participation Acknowledgement Statement

I _____, the parent/guardian of _____, acknowledge that I have received information on all of the following:

- [What you should know about COVID-19 to protect yourself and others](#)
- [What You Can do if You are at Higher Risk of Severe Illness from COVID-19](#)
- [COVID-19 Frequently Asked Questions from the Maryland State Health Department](#)

I _____, the parent/guardian of _____, will follow the requirements for in-person attendance for **Vision for Baltimore**. • I will not send my child to **Vision to Learn** if they are exhibiting any signs/symptoms of COVID 19 or have been exposed to someone with COVID 19 (or presumed to have COVID 19) in the past 14 days. I will follow-up with an authorized health care provider/health department and comply with recommended quarantine or isolation as directed. If my child is ill, I understand that a release to return to in-person activity from an authorized health care provider will be required.

Signs and Symptoms of COVID-19:

- Fever (100.4°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

Students must be free of fever without the use of fever reducing medications.

Parent/Guardian _____ School Name _____

Print Name

Signature and Date