

Marana Unified School District

COVID-19 Acknowledgment and Disclosure For use when a Student will be Receiving On-Site Support Services and/or On-Site In-Person Instruction

This form is to be used when a student will be receiving either on-site support services or on-site in-person instruction at a Marana Unified School District (“District”) school or other facility (“School”). **Each statement below must be read and initialed by a parent or guardian of the student and signature by a parent or guardian of the student is required.**

1. _____ I understand that during this COVID-19 public health emergency, I will NOT be permitted to enter my child’s School beyond the designated drop-off and pick-up area. I further understand that this procedure is for the safety of all persons present at the School and is intended to limit to the extent possible everyone’s risk of exposure.
2. _____ I understand that it is my responsibility to inform other members of my household of the information contained herein.
3. _____ I understand that if there is an emergency requiring me to enter the School beyond the designated drop-off and pick-up area, I MUST wash my hands and wear a mask before entering. While on School grounds, I will practice social distancing and remain 6 feet from all other people, except for my own child.
4. _____ I understand that in order to enter a District School to receive either on-site support services or on-site in-person instructional services, my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the class and moved to a supervised, secure area. I will be contacted, and my child MUST be picked up within 1 hour of my being notified.

COVID-19 symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Chills
- 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
- Any other symptom of illness, whether or not you believe it is related to COVID-19

While the District understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency.

Symptoms typically appear two to seven days after being infected. Your child will need to be symptom-free, without any medication, for twenty-four (24) hours before returning to school.

5. _____ I understand that as the parent/guardian, I will need to take my child's temperature on a daily basis prior to coming to school. I also understand that, as the parent/guardian, I must conduct a daily self-screening of my child for symptoms prior to my child arriving at school.
6. _____ I understand that over the course of the school day, my child's temperature may be taken and that my child may be required to wash their hands using CDC-recommended handwashing procedures.
7. _____ I understand that my child must wear a face covering throughout the day according to protocols established by the District.
8. _____ I will immediately notify the School Point of Contact and/or School Principal if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines "close contact" as being within 6 feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.
9. _____ The District will continue to follow the guidelines of both the CDC and state and local officials. As changes occur, parents and guardians will be notified. The School Point of Contact and/or School Principal will contact the Arizona Department of Health Services if any staff member or student contracts COVID-19 to help make crucial decisions on next steps.
10. _____ I understand that, while present at school each day, my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19. I understand that the members of my family play a crucial role in keeping everyone at school safe and reducing the risk of exposure by following the practices outlined herein.

I, _____, am a parent/guardian of the student named below and certify that I have read, understand, and agree to comply with the provisions listed herein.

Student's Name: _____

Student's DOB: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____