



Add Principal's Name and Title

I _____ the parent/guardian of _____ will follow the PGCPS requirements for in-person attendance at any PGCPS activity.

*An activity is defined as any sporting, social, academic, or other activity for which a student's (on or off grounds) attendance or participation is sponsored, organized, or funded in whole or in part by a school or school district.

- My child will always wear a mask or fabric face covering, practice handwashing, and maintain social distancing when participating in a PGCPS activity, as per Maryland State Department of Education /Maryland Department of Health guidelines.
• I will only send my child to a PGCPS activity if he or she is free of any signs/symptoms of COVID-19 or has not been exposed to someone with COVID-19 (or presumed to have COVID-19) in the past 14 days.
• I will review symptoms with my child and monitor my child's temperature at home before my child attends any in-person PGCPS activity.
• If my child becomes ill during any PGCPS activity, I will ensure he or she is picked up from school promptly within 1 hour (students who are ill are not permitted to be transported home via PGCPS buses). I will follow-up with an authorized health care provider/health department and comply with recommended quarantine or isolation as directed.
• Students must be free of fever (temperature of 100.4 or higher) or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine (e.g., Tylenol) at least 24 hours before returning to school.
• I am aware that by participating in any PGCPS activity that there is a risk of being exposed to COVID-19. I am also aware that such exposure can occur either directly or indirectly whether or not a mask or fabric face covering is worn and notwithstanding reasonable efforts by PGCPS to mitigate exposure.
• I have considered my child's and family's personal health risk in the decision to attend any PGCPS activity. I have independently evaluated and reviewed the risks of being exposed to or infected by COVID19 and have elected to allow my child to participate in a PGCPS activity with full knowledge and acceptance of the above risks.
• I will notify the school Principal and/or Nurse as soon as I am aware that my child has tested positive for the virus that causes COVID-19 or that he or she has been exposed to a person who is confirmed to have COVID-19.

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

If you need health insurance for your child, please visit: https://www.marylandhealthconnection.gov/ or call 1-855-642-8572. The Prince Georges County Health Department Communicable Disease department can be reached at (301) 833-7879.

Parent Agreement Letter of Compliance with COVID-19 Guidelines

Student Name: _____ Grade: _____ Date of Birth: _____
Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Printed Name: _____
Phone Number: _____

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Please place in your school address, etc.