



CENTRAL HIGH SCHOOL

Sheree Savoy, Principal | sheree.savoy@pgcps.org
7001 Beltz Drive | Forestville, MD 20747 | 301-499-7080 | www.pgcps.org/central

Tuesday, March 23, 2021

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. 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.
- 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. Please consult your health care provider or the Prince Georges County Health Department with specific questions about COVID 19.
- 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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Fever (100.4°F or greater) or chills | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Headache | <input type="checkbox"/> Nausea or vomiting |
| | <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> 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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