

COVID-19 Acknowledgement of Risks

We, the undersigned parent(s) and student, acknowledge and agree that, as a student at St. Bernadette and as parent(s) of that student, entering in the school or being on the premises, having personal contact with teachers, classmates, and other St. Bernadette staff, involves a certain degree of risk, namely of parent(s) and/or student acquiring a communicable disease, including COVID-19, and then potentially passing it on to others, including family members. Due to the highly contagious nature of COVID-19, the characteristics of the virus, and the close proximity of students, teachers, and staff at St. Bernadette, there is an elevated risk of student contracting the disease simply by being in the building, on the premises, or at any St. Bernadette function. The same is true for parent(s) of a student at St. Bernadette.

By signing below, we acknowledge and agree that after carefully reading the Handbook Addendum, considering the risks involved, and having the opportunity to discuss these risks with any healthcare professional(s) of our choosing, we voluntarily and willingly accept those risks and acknowledge that returning to in-person classes and other in-person St. Bernadette functions is the choice of each family, including ours. If student or parent(s) who visit St. Bernadette have underlying health concerns which may place them at greater risk of contracting any communicable disease, including COVID-19, we acknowledge and agree that we will consult with a health care professional before student or parent(s) return to St. Bernadette, attend any St. Bernadette function, or visit St. Bernadette. Moreover, we acknowledge that while adherence to safety and precautionary measures (e.g., social distancing guidelines, facemasks, handwashing, etc.) may reduce possible exposure to the risk of contracting a communicable disease, the possibility of serious illness and death remains. We do hereby accept and assume sole responsibility for any illness acquired by student or parent(s) while at St. Bernadette or any St. Bernadette function, including possible infection with COVID-19.

We further acknowledge, understand, and agree that we have obligations to St. Bernadette, its faculty, students, and others to take certain precautions and make certain disclosures to prevent the spread of COVID-19. Specifically, we agree that neither student nor parent(s) will come to St. Bernadette or attend any St. Bernadette function in person, if in the 14 days prior to coming to St. Bernadette or any St. Bernadette function, student or parent(s) has had any of the following: new cough, shortness of breath, difficulty breathing, fever of 100.4 °F or higher (intermittent or constant), chills, new muscle pains or body aches, headache, sore throat, congestion or runny nose, new loss of taste or smell, or gastrointestinal symptoms like nausea, vomiting, or diarrhea. This does not apply if these symptoms have been affirmatively diagnosed by a healthcare provider as being caused by some non-contagious illness or condition. In such case, we agree to obtain supporting documentation from our healthcare provider and share such documentation with St. Bernadette. Additionally, we agree that neither student nor parent(s) will come to St. Bernadette or any St. Bernadette function if in the last 14 days, student or parent(s) has had prolonged (more than 10 minutes) close contact (within 6 feet) with anyone, including a family member, diagnosed with or suspected of having COVID-19.

Printed name (or Signature) of student: _____ Gr. _____

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Printed name (or Signature) of student: _____ Gr. _____

Printed name (or Signature) of student: _____ Gr. _____

Printed name (or Signature) of student: _____ Gr. _____

Signature of parent/guardian: _____ Date: _____

Return this signed form to school by Monday, August 17, 2020