

PARENT PERMISSION FORM FOR SCHOOL-SPONSORED TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Bishop Ireton School. A brief description of the activity follows:

Curriculum Goal: Enrich Collaborative Programming SkillsDestination: Bishop Ireton High SchoolDesignated Supervisor of Activity: Mrs. KellyDate and Time of Departure: 10:00 January 23, 2021Date and Anticipated Time of Return: 20:00 January 24, 2021Method of Transportation: Individual Participation Student Cost: N/A

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. Please be advised that parents retain the right to "opt out of any field trip planned for their children. It should also be understood, in light of world conditions and specifically, threats of terrorism to Americans, it may be necessary to cancel any school-sponsored trip due to world and national developments. If further restrictions are imposed, the school/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

1. Is your child required to take any medication during the field trip? _____(Y or N)
2. If so, what medication? _____
3. Do you request the designated supervisor of activity to administer the medication stated above on this field trip? _____(Y or N)
4. Do you wish your child to take his/her inhaler or Epi-pen or Glucagon Emergency Kit) on the trip?
5. I give my permission for an adult to administer Advil or Tylenol for headache or pain. State medication, strength and dose here _____.

I hereby request that my child, _____, be allowed to participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. If I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child. I understand it may be necessary to cancel any school-sponsored trip due to world and national developments and the school/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

Parent's Name (Please Print)_____
Home Phone #_____
Work Phone #_____
Parent's Signature

I accept responsibility for my behavior:

Signature of Student

Emergency Contact Person (Please Print) _____ Emergency Ph # _____

Student's Current Medical Problem _____

Name of Physician _____ Phone Number _____

Insurance Company _____ ID # _____

Allergy to Medications _____

Allergies _____

Chaperones should take a copy of this form on the school-sponsored trip.

Rev. 4/2017



REQUIRED AGREEMENT
FOR DIOCESE OF ARLINGTON CATHOLIC SCHOOL STUDENTS

STUDENT NAME(S): _____

SCHOOL NAME: _____

PARENT/LEGAL GUARDIAN IF STUDENT IS A MINOR: _____

Assumption of Risk

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is contagious. As a result, in order to resume in-person schooling, the Catholic Diocese of Arlington has established essential health and safety measures at the Catholic school named above ("School"). The School has put in place reasonable preventative measures and standards of behavior, consistent with guidelines issued by the Centers for Disease Control and Prevention ("CDC") and state and local public health guidance, to reduce the spread of COVID-19 in School activities. Even with implementation of health and safety protocols, however, the Diocese and School cannot guarantee that you or your child(ren) will not become infected with COVID-19, and participation in School activities could increase your risk and/or your child(ren)'s risk of contracting COVID-19. Any interaction with others includes possible exposure to, and illness from, communicable diseases including COVID-19 and influenza.

I understand that my family has choices for completing schooling at home, or in another manner. By returning my child(ren) to in-person schooling, I give my informed consent for me or my child(ren) to participate and assume responsibility for the above-noted risks.

I willingly agree that my child(ren) and/or I will comply with the health and safety protocols established by the School, and will take all reasonable and necessary additional precautions to protect against communicable diseases while on School premises, not only for our own benefit but for the benefit of others with whom we may come into contact. We agree that, if we observe any objects, practices or procedures we believe to be hazardous while on School premises, we will remove ourselves from the location of such hazard and bring it to the attention of School administration immediately.

Liability Waiver

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and/or I may be exposed to or infected by COVID-19 by participating in in-person school activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the above-named School may result from the actions, omissions, or negligence of myself, my child(ren) or others, including, but not limited to Diocesan or School administrators, employees, volunteers, and other students/program participants and their families.

I further agree on behalf of myself and/or my child(ren) named herein, and our respective heirs, successors, and assigns, to fully and forever release, defend, indemnify, and hold harmless the Catholic Diocese of Arlington, the named School, their clergy, administrators, employees, agents, members and volunteers ("Indemnitees") from any and all claims, damages, demands, and causes of action, present or future, known or unknown, anticipated or unanticipated, in any way related to exposure to COVID-19 while participating in School activities, including but not limited to any claims of negligent exposure. This includes claims that arise from my own and others' acts, actions, activities and/or omissions, excepting only those which arise solely from the gross negligence, recklessness or intentional torts of Indemnitees. I will defend and indemnify Indemnitees with respect to any released claim, including but not limited to damages, costs and attorney's fees.

Responsibility for Health Screening

By execution of this Statement, I affirm that my or my child(ren)'s presence at School on any day constitutes an affirmative representation on my part that I/we have performed the required health screening below and affirm that the responses to all questions are NO.

SCREENING QUESTIONS

"YES or NO, neither I nor my child(ren) have any of the following:"

- A fever of 100.4°F. (38°C.) or higher or a sense of having a fever during the past 72 hours
- New or unexpected cough that cannot be attributed to another health condition
- New shortness of breath or difficulty breathing that cannot be attributed to another health condition
- New chills that cannot be attributed to another health condition
- A new sore throat that cannot be attributed to another health condition
- New muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise)
- New loss of taste or smell
- Nausea, vomiting or diarrhea
- Currently living with a person who has exhibited symptoms of COVID-19 or is currently under quarantine due to close contact with a person suspected or confirmed to have COVID-19

"YES or NO, in the past 14 days, neither I nor my child(ren) have done any of the following:"

- Cared for or had other close contact with a person suspected or confirmed to have COVID-19
- Travelled internationally

I understand that on any day when anyone in our household answers YES to any of the required health screening questions above, I and/or my child(ren) are not permitted to participate in in-person School activities.

Need to Inform and Quarantine

I further understand, in the event that I/my child is suspected or confirmed positive with COVID-19 or has come in close contact with a person suspected or confirmed positive with COVID-19, I/my child will need to follow the CDC's guidance for isolation or quarantine as appropriate. Information is available at www.cdc.gov. I agree to inform the School administration as soon as possible, but no later than 1 business day, after learning of my/my child's suspected or confirmed positive case of COVID-19 and/or the need to quarantine due to close contact with a person suspected or confirmed positive for COVID-19.

I understand that I/my child may not return to in-person School activities until approved by School Administration. Approval will be based on confirmation that the CDC's criteria to discontinue home isolation or quarantine has been met. For details reference:

For those suspected or confirmed positive: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

For those quarantining due to close contact: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Authorization and Informed Consent

I hereby authorize the School to enforce such other reasonable measures and directives as may be deemed necessary by the Bishop of the Diocese of Arlington, its Office of Catholic Schools, or the School leadership.

By execution of this Agreement, I understand and agree to the foregoing terms and conditions.

Parent/Legal Guardian Signature: _____

Date: _____

AUTHORIZATION TO USE AND EXCHANGE COVID-19 INFORMATION

ALL LINE ITEMS MUST BE COMPLETED & RETURNED TO SCHOOL NURSE/DAYCARE ADMINISTRATION

Name of Staff or Student/Attendee _____
(FULL PRINTED NAME)

Name of Parent/Guardian _____ School/Daycare Name _____

I am authorizing that in the event I (staff) have / my child (student/attendee) has COVID-19, the following confidential information may be exchanged:

- ✓ My name and school/daycare
- ✓ COVID-19 test result, date of test, and date of illness
- ✓ Date of birth _____
- ✓ Home address _____
- ✓ County or City in which I live _____
- ✓ Phone number(s) _____ (for Health Dept. to reach you)
- ✓ Email address(es) _____ (for Health Dept. to reach you)

I request that School/Daycare Administration and the following entities be able to use and exchange this information among themselves for public health purposes:

- ✓ Alexandria Health Department
- ✓ My Local Health Department (based on home residence)
- ✓ Testing Provider (Doctor or Hospital)

CHECK ONE:

- ☐ **I authorize** the release of the information above as it pertains to a COVID-19 diagnosis, in order to facilitate COVID-19 contact investigations and related safety/infection control responses performed at my school/daycare, with the understanding that my/my child's personal information and protected health information will not be disclosed to parties not directly involved with the public health investigation. I understand that I have the right to revoke this authorization in writing at any future date.
- ☐ **I do not authorize** the release of the information above as it pertains to a COVID-19 diagnosis, in order to facilitate COVID-19 contact investigations and related safety/infection control responses performed at my school/daycare. I understand that I can revise this declination at any future date, and understand that with the authorization my/my child's personal information and protected health information will not be disclosed to parties not directly involved with the public health investigation.

Signature: _____

Date: _____

Full Printed Name: _____

PLEASE COMPLETE ENTIRELY

Incomplete Forms Will Delay the Future Public Health Response

Return completed forms to School Nurse / Daycare Administrator (or designee)