

## **Expectations and Waiver for Summer 2020 Student Programs**

Dear Parent(s)/Guardian(s):

Robbinsdale Area Schools prioritizes the health and safety of our students, staff and their families. Due to the COVID-19 pandemic, the District will be modifying some of its protocols and behavior expectations for students participating in all of Robbinsdale Area Schools' summer programs and activities in order to comply with the recommendations of the Center for Disease Control ("CDC") and Minnesota Departments of Health and Education.

Please review the following information and sign the acknowledgement below:

- ☐ I understand that in addition to the expectations set forth in the Robbinsdale Area Schools Student Handbook, my child will be required to (1) comply with social distancing expectations set forth by program staff; and (2) refrain from engaging in any behaviors that endanger the health and safety of others. By signing below, I acknowledge that my child's failure or refusal to comply with these behavior expectations could result in removal from the program and premises.
- ☐ I understand that communication regarding the health of my child and/or other children in the program may be necessary to help keep students, staff and their families safe and informed during this pandemic. By signing below, I acknowledge that information about my child's health (particularly if a child tests positive for COVID-19 or is presumed positive for COVID-19) may be shared with other families in the program. Your child will not be identified and no personal information will be shared; however, I recognize that other staff and students may be advised that a student in the program has tested positive, presumed positive or have had contact with another person who has done so. I also acknowledge that information about the health of other children in the program may be shared with my family on a need-to-know basis and that this information is confidential in nature and may not be disclosed to others.
- ☐ While staff will be taking all possible precautions, I understand that, due to the highly contagious nature of the current COVID-19 virus outbreak and potentially any other virus that can be contracted from both symptomatic and asymptomatic people, there is a potential risk for the contraction of illness as a result of my child's participation in the program. By signing below, I assume that risk and understand and acknowledge that the District assumes no responsibility for the contraction of any illness as a result of my child's participation in the program.
- ☐ I understand that District staff will not be responsible for determining whether any participant has or does not have COVID-19 or any other illness. By signing below, I acknowledge that if my child is ill or if anyone in my household is exhibiting any symptoms of COVID-19 as identified by the CDC, participation in the program is not allowed, and my child may not be dropped off at the program. The District is recommending that families consult with their doctor before participating in the program if any member of the family has experienced symptoms consistent with COVID-19.

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By signing and dating below I acknowledge and agree to the statements contained in this form.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_