

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

- I will only send my student to school if they are not exhibiting any signs/symptoms of COVID-19 or have been exposed to someone with COVID-19 (or presumed to have COVID-19) in the past 14 days.
- I will review symptoms with my student and monitor my student's temperature every day that my student attends in-person activities/events.
- If my student becomes ill during the school day, I will ensure they are picked up from school promptly (students who are ill are not permitted to be transported home via HCPS buses). I will follow-up with an authorized health care provider/health department and comply with recommended quarantine or isolation as directed. If my student is ill, I understand that a release to return to in-person activity from an authorized health care provider will be required.

Signs and Symptoms of COVID-19:

- Fever (100°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

Students must be free of fever without the use of fever reducing medications for the period of time directed by the Maryland Department of Health's current guidelines. Please consult your health care provider or the Harford County Health Department with specific questions about COVID 19.

If you need health insurance for your child, please visit: <https://www.marylandhealthconnection.gov/> or call 1-855-642-8572. The Harford County Health Department Communicable Disease department can be reached at: 410-612-1774.

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: _____