



Floyd County Public Schools

COVID-19 Assumption of Risk & Commitment to Promote School and Community Health School Year 2020-2021

The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, Commonwealth, and local agencies recommend social distancing, face coverings, and other measures to prevent the spread of COVID-19.

The Floyd County Public School Division has developed plans to provide instruction and related services using a hybrid of face-to-face and online instruction model based on guidelines provided by the CDC, the VDH, the New River Health District, and the VDOE. The division will also provide a program (FCPS Online) with 100% online instruction for families who do not want their child(ren) to attend school in-person. For the safety of all people involved, students who participate in face-to-face instruction will be required to adhere to all safety protocols.

To ensure the safety and wellness of our school community, I understand the importance of students being healthy and safe when they attend school and related school activities. By signing below, I agree that I will:

- Perform daily temperature checks on my child(ren) to screen for fever before he/she/they leave for school each day. Fever is defined as a temperature over 100 F or 38.0 C. If my child(ren) has/have a fever, I will keep my child(ren) at home until he/she/they has/have been without a fever for at least 72 hours without medication.
- Make a visual inspection of my child(ren) for signs of illness which include: fever 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, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has/have exhibited any of these signs or symptoms, I will not permit my child(ren) to return to school until he/she has been without signs or symptoms for at least 72 hours.
- Confirm that my child(ren) has/have not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or a person waiting for test results. If my child(ren) has/have been in contact with such a person, I will not permit my child(ren) to return to school until 14 days have elapsed since the time of contact.

- Promptly pick up my child(ren) or arrange for pickup if he or she shows signs or symptoms of illness at school. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.
- Support my child(ren)s' use of a face covering on the bus and at school anytime it is deemed necessary.

By signing this document below, I acknowledge and affirm all of the statements above and commit to promoting school and community health by screening my child(ren) before school each day. I also acknowledge and accept the possibility that my child(ren) and I risk(s) exposure to, or infection by, COVID-19 by coming to school and that such exposure or infection may result in personal illness. I understand that the risk of exposure or infection may result from my actions, and/or those of my child(ren), Floyd County School Division staff, other students, volunteers, or agents, or others not listed. By signing this, I acknowledge and accept all such risks in connection with my child(ren's) attendance at school. Finally, I acknowledge that the above guidelines may change at any time due to recommendations by the Centers for Disease Control (CDC), the Commonwealth of Virginia, the Department of Health, the School Board of Floyd County, Virginia, or any other regulatory body.

Parent/Guardian Signature

Student Signature

Printed Name of Parent/Guardian

Printed Name of Student

Date

Date