



Salisbury Academy Novel Coronavirus Acknowledgement and Consent Form

STUDENT: _____

GRADE LEVEL: _____

PURPOSE: In order to maintain the highest level of safety and minimize the risk of novel coronavirus exposure to the Salisbury Academy community, Salisbury Academy has implemented a policy for safely returning to school that follows the latest guidance for best practices for school/student safety. It is your responsibility as a parent/guardian to be aware of and follow these policies and procedures and to ensure that your student is also aware of and follows these policies and procedures. In spite of Salisbury Academy's best efforts, there will be cases of COVID-19 (sometimes referred to as "the virus" or "disease") in the community at large and there will be risk of exposure to persons who are contagious with the disease in the community at large. Therefore, it is important for parents/legal guardians (hereafter termed collectively as "parents") to understand and acknowledge these risks and affirm acceptance of these risks on behalf of their students and family, notwithstanding the best efforts put forth by Salisbury Academy.

ABOUT CORONAVIRUS: Coronaviruses are a large family of viruses that are common in people and many species of animals. The novel coronavirus 2019 (SARS-CoV-2) is a new coronavirus that has not been previously identified. This new coronavirus is responsible for the disease called COVID-19, which mainly affects the respiratory system and is associated with symptoms such as fever/chills, cough, shortness of breath, difficulty breathing, sore throat, and/or loss of taste or smell. Of concern is that COVID-19 can be contagious even before someone who is infected has symptoms, and some people who have COVID-19 may never have symptoms. The virus is thought to spread through respiratory droplets produced when an infected person coughs or sneezes. Spread is more likely when people are in close contact and these droplets land on others or on shared surfaces. Nasal swab testing is used to detect the current presence of the SARS-CoV-2 while blood draw tests are used to detect the antibodies produced by the body after exposure to SARS-CoV-2. Information regarding spread, protection, and testing has literally changed on a day-to-day basis and continues to develop, evolve and progress. Salisbury Academy follows such policies and procedures as set forth by The

US Centers for Disease Control and as communicated by our Governor, state and local health authorities.

If your student wants to attend Salisbury Academy for the 2020-21 academic year, you must read, sign and adhere to the following:

ACKNOWLEDGEMENT AND CONSENT

We/I (hereafter noted as "I"), the parent of _____ [student name], understand and acknowledge that Salisbury Academy mandates that all students, parents and visitors undergo risk and symptom screenings and abide by certain safety and health protocols that are based on best practices. Additionally, I have read and understand the above-referenced currently-known facts about SARS-CoV-2, COVID-19, the need for testing related thereto, the Salisbury Academy Policies and Procedures Handbook and Salisbury Academy's COVID 19-related policies and procedures. I confirm that I have explained the nature of the disease, the need for wearing masks and social distancing to my student as well as Salisbury Academy's policies and procedures for best ensuring the safety of my student and others of the Salisbury Academy community.

By initialing below, I acknowledge informed consent and agree as follows:

_____ I agree that I have read and explained to my student the Salisbury Academy COVID-19 policies and procedures and I affirm that my student, our family and I will abide by and follow such requirements as set forth by Salisbury Academy with regard to the virus.

_____ I understand that by participating in education at Salisbury Academy, my student is at risk of contracting COVID-19 and that I/my student will report all symptoms/signs of the virus immediately to Salisbury Academy teachers, counselor, staff or administration, whether those symptoms are in my student, my student's family or one whom my student, I or our family has come in contact.

_____ I understand that it is important to our own health and safety and the health and safety of those around us, and imperative to mitigate safety hazards in our community, that I/my student provide truthful information concerning any possible exposure to coronavirus and/or symptoms of COVID-19 to Salisbury Academy teachers, counselor, staff or administration.

_____ I have fully disclosed in writing any prior medical history and/or knowledge of potential or confirmed SARS-CoV-2 exposure that I or my student/family have encountered to Salisbury Academy teachers, counselor, staff or administration, and I consent, on behalf of my student, myself and my family to all required screenings and testing in relation to SARS-CoV-2 and COVID-19.

_____ I understand that in the event that I, my student, our family and/or anyone with whom we have regular contact (such as babysitters, cleaning personnel, coaches or other community-members) test positive for COVID-19, information regarding a positive test will be shared with Salisbury Academy teachers, counselor, staff or administration and reported to the required reporting agencies as established by the State of North Carolina.

_____ I understand that we have the right to talk to my student's teacher and specifically the Salisbury Academy Head of School, or the Head of School's acting representative, regarding any questions or concerns I/my student may have about SARS-CoV-2, COVID-19 and my student's health and safety in the school community in general, and that I have been encouraged to do so at any time.

_____ I have been provided the opportunity to provide written feedback, ask questions, and provide any additional recommendations or concerns for return to school procedures to Salisbury Academy administration. I understand and acknowledge that there are substantial, negative risks, effects and possible outcomes associated with my student returning to school. I acknowledge that this is an entirely voluntary choice and I assume the risks associated with my student returning to school as well as my presence and the presence of family members at Salisbury Academy school-related events and activities.

Print Student Name: _____

DOB: _____

Parent/Guardian: _____

Date: _____