

## COVID-19 - School Activities Student Permission Form, Release and Hold Harmless

In consideration of \_\_\_\_\_ (NAME OF STUDENT)(hereinafter “Student”) being allowed to attend and participate in-person in Clear Lake Community School District (hereinafter “School”) school related activities (hereinafter “Activities”), to include but not limited to educational, cocurricular, and extracurricular programs, the undersigned acknowledges and agrees that:

1. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to Corona Virus Disease 2019 (hereinafter “COVID-19”) or other medical conditions, diseases, or maladies does exist, and, despite School’s good faith implementation of the Iowa Department of Education’s recommended health, hygiene, and social distancing best practices, it is impossible to eliminate the risk that Student might be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. Risk from contracting such communicable disease might include, illness, permanent disability, or death.

2. COVID-19 is a new disease and there is limited information regarding risk factors for severe illness. Based on currently available information and clinical expertise, **older adults and people with serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

Based on Center for Disease Control (hereinafter “CDC”) information, severe illness from COVID-19 are: people 65 years and older; people with serious underlying medical conditions.

Those at severe risk also include people with the following conditions, particularly if not well controlled, including: severe asthma; serious heart conditions; immunocompromised conditions; organ transplantation, including lung, kidney, liver, or pancreas; prolonged use of corticosteroids and other immunosuppressant drugs; body mass index [BMI] of 40 or higher; diabetes; chronic lung disease.

**SAMPLE**

3. I, the undersigned, acknowledges that Student does not have an underlying medical condition, or if Student has such underlying medical condition that the undersigned will first obtain written approval from a healthcare professional prior to Student attending or participating in School Activities. Written approval will be provided to School in advance of attendance or participation.

4. All COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe symptoms. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19: cough; shortness of breath or difficulty breathing; fever of 100.4 degrees Fahrenheit or above; chills; muscle pain; sore throat; new loss of taste or smell. This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

5. Student will not attend School Activities and Student or Student’s parent or guardian will notify School officials if Student currently has symptoms or have been in contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days.

6. If Student has been diagnosed with COVID-19. Student will not attend or participate in School Activities until they have received written medical approval from a licensed health care professional, which approval will be provided to School prior to Student’s attendance.

7. Student will not attend or participate in School Activities if they are subject to state or federal government directed quarantine or isolation.

8. School retains the right to deny Student’s attendance or participation in School Activities, if School determines that such attendance or participation is an undue health risk to Student or others. School similarly has the right to deny any other individual from attending School Activities if said individual’s attendance poses an undue health risk to that individual or others.

9. THE UNDERSIGNED KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS for Student attendance or participation in School Activities.

10. The undersigned agrees that the undersigned and Student will comply with any rules, terms, or conditions for participation in School Activities.

11. If Student or Student's parent or legal guardian observe any unsafe conditions or participation in School Activities, Student or Student's parent or legal guardian will report such participation and bring such observation to the attention of the appropriate school officials.

**After fully and carefully considering the risks involved, I hereby release and agree to**

\_\_\_\_\_ and its employees, agents, and contractors, and against, all claims and liability resulting from or arising out of, as COVID-19, associated with Student participation in educational, cocurricular, or extracurricular activities.

**SAMPLE**

\_\_\_\_\_ of Student \_\_\_\_\_

Signature of Student \_\_\_\_\_

Printed Name of Student's Parent or Legal Guardian \_\_\_\_\_

Signature of Student's Parent or Legal Guardian \_\_\_\_\_