



GLENDORA UNIFIED SCHOOL DISTRICT

INFORMED CONSENT FOR IN-PERSON INSTRUCTION

DURING COVID-19 PUBLIC HEALTH CRISIS

Student's Name: _____

Date: ____/____/____

Parent/Guardian Name: _____

This document contains important information about resuming in-person instruction for small cohorts during the COVID-19 public health crisis. Please read this carefully and contact your teacher if you have any questions.

Decision to Provide In-Person Instruction

The Glendora Unified School District (GUSD) been provided the opportunity with acceptance from the Los Angeles County Department of Public Health (LACDPH) to provide in-person instruction for small cohorts. If there is a resurgence of the pandemic or if other health concerns arise, however, I may require that we postpone or reschedule.

Risks of Opting of in-Person Instruction

You understand that by coming to the school site, you are assuming the risk of exposure to the coronavirus or other public health risk. This risk may increase if you travel by public transportation, cab, or ridesharing service. You understand that the following factors increase the likelihood of complications related to COVID-19:

- Obesity;
- Persons over the age of 65;
- Smoking or a history of smoking;
- Heart disease or lung disease (including asthma);
- Immunocompromised (organ transplant, chemotherapy, prednisone, or other medication);
- Diabetes; and/or
- Liver or kidney disease.

Your Responsibility to Minimize Your Exposure

To participate in-person, you agree to take certain precautions which will help keep everyone (you, me, our families, staff and other students) safe from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in postponing or cancelling in-person instruction. **Initial** each statement below to indicate that you understand and agree to these actions:

- You, nor any members of your family, have any of the following symptoms in the last 24 hours: _____
 - Fever or a general feeling of discomfort, illness, or uneasiness whose exact cause is difficult to identify
 - Cough, chest pain, shortness of breath
 - Sneezing or runny nose
 - New onset loss of smell or taste
 - Headache, muscle aches
 - Diarrhea, nausea, vomiting
- You will only attend in-person instruction if you/your child are symptom free. _____
- You are encouraged to take your temperature prior to appointment, however your child's temperature will be taken prior to the appointment. If your child's temperature is elevated, 100.4 Fahrenheit or higher, you agree to keep your child at home. _____
- You and your child follow all safety protocols of in-person instruction as requested by GUSD. _____
- Your child will wash your hands or use alcohol-based hand sanitizer when you enter the building. _____
- Your child will adhere to the safe distancing precautions we have set up at school and in the classroom. _____
- Your child will wear a mask as required by the LACDPH (staff will as well). _____
- Your child will keep a distance of 6 feet, and there will be no physical contact (e.g. no shaking hands) with teachers or

staff. _____

- You and your child will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. _____
- If you are bringing your child to school, you will make sure that your child follows all of these sanitation and distancing protocols. _____
- You will make the best attempt to minimize your exposure to COVID. _____
- If you have a job that exposes you to other people who are infected, you will immediately let your teacher know. _____
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let your teacher know. _____
- If a resident of your home tests positive for the infection, you will immediately notify your teacher and school staff, and we will then take the appropriate action. _____

The district, teacher, school psychologist, speech/language pathologist, education specialist, OT, APE, etc. may change the above precautions if additional local, state, or federal orders or guidelines are published. If that happens, we will discuss any necessary changes.

Our Commitment to Minimize Exposure

The District has taken steps to reduce the risk of spreading the coronavirus within school sites, and we have posted our efforts around campus. Please let your teacher know if you have questions about these efforts.

If You or I Are Sick

You understand that your teacher is committed to keeping you, staff and all of our families safe from the spread of this virus. If you show up for in-person instruction, and school personnel believe that you and/or your child have a fever or other symptoms, or believe you have been exposed, we will require you to report to a health professional immediately.

If your teacher or staff test positive for the coronavirus, you will be notified so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, school employees are required to notify local health authorities that you have been at a school. If your teacher reports this, they will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for the evaluation. By signing this form, you are agreeing that school staff may do so without an additional signed release.

Informed Consent

In signing consent, you agree for your child to attend in-person instruction during the COVID-19 public health crisis. *Your signature below signifies that you agree to these terms and conditions.*

Parent/Student Signature

Date

Instructor/Title

Date