

any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

Based on Center for Disease Control (hereinafter “CDC”) guidance, those at high-risk for severe illness from COVID-19 are: people 65 years and older; people who live in a nursing home or long-term facility.

Those at severe risk also include people of all ages with underlying medical conditions, particularly if not well controlled, including, but not limited to: chronic lung disease or moderate to severe asthma; serious heart conditions; those who are immunocompromised (many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications); severe obesity (body mass index [BMI] of 40 or higher); diabetes; chronic kidney disease undergoing dialysis; and, liver disease.

3. I understand by signing below I acknowledge that I do not have an underlying medical condition, as referenced herein, or that if I have such underlying medical condition that the undersigned will first obtain written permission from a licensed healthcare professional prior to attending or participating in School or School Activities, which written approval will be provided to School in advance of attendance or participation.

4. I understand people with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. 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 100.3 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. I understand ALL students and faculty and volunteers are required to follow social distancing protocols and wear a face mask and/or a face shield.

6. I will not attend School Activities and I will notify School officials if I currently have symptoms or have been in contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days.

7. If I have been diagnosed with COVID-19, I will not attend or participate in School Activities until I have received written medical approval from a licensed health care professional, which approval will be provided to School prior to my attendance.

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

9. I understand the School retains the right to deny the student’s attendance or participation in School Activities, if School determines that such attendance or participation is an undue health risk to staff, students, 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.

STUDENTS INITIALS _____

PARENT OR GUARDIAN INITIALS _____

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

11. The undersigned agrees that the undersigned will comply with any safety or health related rules, terms, or conditions for participation in School or School Activities.

After fully and carefully considering all the potential risks involved, I hereby assume the same and agree to release and hold-harmless St. Stanislaus Kostka School and its employees, officers, agents, contractors,

vendors (“School”), the Parish, the Diocese of Metuchen, the Bishop of the Diocese of Metuchen and all its employees, officers and agents from and against, all claims and liability resulting from exposure to disease-causing organisms and objects, such as COVID-19, associated with F/S/V participating in School Activities, to include, but not limited to educational, cocurricular, or extracurricular programs.

Date _____

Printed Name of Student _____

Signature of Student _____

Printed Name of Student’s Parent
or Legal Guardian _____

Signature of Student’s Parent
or Legal Guardian _____