



COVID-19 Parent-Student-DCTC Agreement 2020-2021

I understand that my student is not required to attend in-person instruction and that I may elect for my student to receive instruction through the CTE program's remote learning platform. By sending my student to in-person CTE instruction, I understand that my student may be at risk of COVID-19 exposure, which increases the risk that my student may transmit COVID-19 to others. I understand those risks and make the decision to send my student to in-person CTE instruction knowingly and freely. I also understand that by choosing in-person CTE instruction, my student and my family will be required to comply with social distancing, mitigation, and screening requirements as recommended by the United States Centers for Disease Control and Prevention and Governor Whitmer's Executive Orders, as more fully explained in this Agreement.

I understand that my student will be required to properly wear a face mask at all times while at school and on the school bus, excluding when eating meals. If my student cannot medically tolerate a face mask, I will provide a signed letter from my student's physician explaining why my student cannot medically tolerate a face mask. I understand that the District may obtain a second opinion at its expense. If the District determines that my student has a legitimate medical reason that prevents my student from wearing a face mask at school or on the bus, my student will be required to wear a face shield, provided by the District, in lieu of a face mask. Unless otherwise prohibited by law, if my student cannot or will not wear either a face mask or a face shield at school or on the bus, in-person instruction will be discontinued and my student will be required to utilize the District's remote learning platform.

I agree to screen my student each day, complete and submit a health questionnaire daily and prior to sending my student to school. The health questionnaire will consist of a self-report on possible exposures, symptoms, and a required temperature check (done at home). I agree to be honest on the questionnaire and will follow the requirements listed on the questionnaire before sending my student to school that day. I agree that I will not send my student to school if my student shows any of the symptoms of COVID-19 identified on the questionnaire.

I will immediately report to the school principal if my student tests positive for COVID-19, any other household member tests positive for COVID-19, my student has been in close contact with a person who tests positive for COVID-19, I suspect my student is positive for COVID-19, or if I suspect my student has been in close contact with another person who may be positive for COVID-19.

If someone in my household has been diagnosed with COVID-19, or my student is exposed, I agree to keep my student home for 14 days after their last exposure to the infected person.

I understand that practices to reduce the possible spread of COVID-19 may be required of my student. These could include, but are not limited to, frequent hand washing/sanitizing, temperature checks, disinfecting my student's work area, and lessons on healthy practices. I consent to these practices and agree that the Districts may take all reasonable steps to implement these practices.

If my student develops symptoms at school, I understand that my student will be quarantined and will be required to be picked up from school immediately.

I understand that the Districts will follow the Health Department guidelines on self-quarantining protocols. This means that my student could be required to self-quarantine at home due to an exposure, a fever, or any other reason provided in the guidelines.

I understand that my students' school district may offer a remote learning option and that I am voluntarily choosing to participate in the in-person CTE option. By making this choice, I understand that compliance with this agreement is mandatory. If non-compliance occurs, I understand that my student will be removed from the in-person CTE program and will be enrolled in the remote learning option.

This form must be signed and on file with prior to start of class. Students will not be admitted to class without a signed form on file.

Student's Full Name (Printed):

Parent/guardian name (Printed):

Parent/Guardian Signature:

School District Representative:

Date: _____

**** Return this form to your high school CTE administrator no later than September 11th, 2020. ****