

APPENDIX - B

COVID-19 Awareness Parent/Student-Athlete Participation Acknowledgement Statements

I _____, the parent/guardian of _____, acknowledge that I have received information on all of the following:

- What you should know about COVID-19 to protect yourself and others
- Share facts about COVID-19
- Multisystem Inflammatory Syndrome in Children (MIS-C)
- COVID-19 Frequently Asked Questions from the Maryland State Health Department.
<https://coronavirus.maryland.gov/#FAQ>

I _____, the parent/guardian of _____, will follow the requirements for in-person attendance at any extracurricular athletic and activity event.

- I will not send my child to extracurricular athletic and activities if they are exhibiting any signs/symptoms of COVID 19 or have been exposed to someone with COVID 19 (or presumed to have COVID 19) in the past 14 days.
- I will review symptoms with my child and monitor my child's symptoms every day that my child attends in-person activities/events.
- If my child becomes ill during any in-person activity/event, I will ensure they are picked up promptly. I will follow-up with an authorized health care provider/health department and comply with recommended quarantine or isolation as directed. If my child is ill, I understand that a release to return to in-person activity from an authorized health care provider will be required.

Signs and Symptoms of COVID-19:

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| • Fever (100.4°F or greater) or chills | • Headache |
| • Cough | • New loss of taste or smell |
| • Shortness of breath or difficulty breathing | • Sore throat |
| • Fatigue | • Congestion or runny nose |
| • Muscle or body aches | • Nausea or vomiting |
| | • Diarrhea |

Students must be free of fever without the use of fever reducing medications.

Parent/Guardian _____ Parent/Guardian _____
Print Name Signature and Date

Student Athlete _____ Student Athlete _____
Print Name Signature and Date