



SETON LASALLE CATHOLIC HIGH SCHOOL

In Faith and Charity

COVID-19 MEMORANDUM OF UNDERSTANDING

STUDENT NAME(S): _____

I understand and agree to the following means of safeguarding the School community in the midst of the COVID-19 global pandemic. (Please check each box):

- The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is extremely contagious. The School has put in place reasonable preventative measures and standards of behavior in which members of the School community are expected to comply to reduce the spread of COVID-19 at School. Such precautions include, but are not limited to, wearing a face covering throughout the school day, handwashing/sanitizing, social distancing, and self-screening. Even with implementation of these safety protocols, the School cannot guarantee that you/your child/a household member will not become infected with COVID-19 and attendance at School and/or participation in the School activity, sport, or event could increase your/your child/a household member's risk of contracting COVID-19.
- Prior to each School day, activity, sport, or event, I understand and agree that I must ask myself the questions below. Should the answer to any of the questions on any given day be "Yes," I understand my child is not permitted to attend School and/or participate in the School activity, sport, or event.
 - Has my child had a fever as defined by the CDC during the past 24 hours?
 - Has my child had a new or unexpected cough during the past 7 days?
 - Has my child been around anyone exhibiting these symptoms within the past 14 days?
 - Is my child living with anyone who has been sick, has exhibited symptoms of COVID-19, or is currently under quarantine for exposure to COVID-19?
 - Has my child traveled internationally within the last 14 days?
 - Has my child traveled to a state identified by the PA Department of Health as having high amounts of COVID-19 cases in the last 14 days?
 - Has my child disregarded CDC guidelines and failed to limit his/her exposure to COVID-19?
- I understand that, in the event my child develops symptoms or suspected symptoms of COVID-19 or other illness, or if otherwise requested by the Principal, at his/her discretion, I will be contacted by School, and I will make immediate preparations to have my child picked up from School. In the event of a medical emergency, I authorize the School to call 9-1-1 and have my child transported to a hospital or healthcare facility.
- I further understand that, in the event that my child contracts COVID-19 or becomes exposed to someone with COVID-19, my child will need to be isolated or quarantined as directed by CDC.
- I understand that no one may be present on School property or attend a School activity, sport, or event until he/she meets Pennsylvania Department of Health and Pennsylvania Department of Education's criteria to return to School.

COVID-19 SYMPTOMS?	COVID-19 TEST?	MAY RETURN TO SCHOOL AFTER:
YES	NO	<input type="checkbox"/> No Health Care Provider Evaluation: <ul style="list-style-type: none"> <input type="checkbox"/> 10 days since symptoms first appeared; and <input type="checkbox"/> At least 24 hours with no fever without fever-reducing medication; and <input type="checkbox"/> Symptoms have improved. <input type="checkbox"/> Evaluated by Health Care Provider: <ul style="list-style-type: none"> <input type="checkbox"/> Health care provider provided written release to return to school; and <input type="checkbox"/> At least 24 hours with no fever without fever-reducing medication; and <input type="checkbox"/> Symptoms have improved.
YES	YES COVID-19 POSITIVE	<input type="checkbox"/> 10 days since symptoms first appeared; and <input type="checkbox"/> At least 24 hours with no fever without fever-reducing medication; and <input type="checkbox"/> Symptoms have improved.



SETON LASALLE CATHOLIC HIGH SCHOOL

In Faith and Charity

YES	YES COVID-19 NEGATIVE	<input type="checkbox"/> No Health Care Provider Evaluation: <ul style="list-style-type: none"> <input type="checkbox"/> At least 24 hours with no fever without fever-reducing medication; and <input type="checkbox"/> Symptoms have improved <input type="checkbox"/> Evaluated by Health Care Provider: <ul style="list-style-type: none"> <input type="checkbox"/> Health care provider documented an alternative diagnosis; and <input type="checkbox"/> Health care provider provided written release to return to school.
NO	YES COVID-19 POSITIVE	<input type="checkbox"/> 10 days have passed since test, or <input type="checkbox"/> He/she receives two negative test results in a row, at least 24 hours apart.
CLOSE CONTACT WITH SOMEONE WITH COVID-19		<input type="checkbox"/> 14 days after exposure unless he/she develops symptoms, in which case see above.

- I understand that individuals who have a weakened immune system (immunocompromised) due to a health condition or medication may need to take additional precautions and/or stay home longer than 10 days in the event of infection. These individuals are encouraged to consult their healthcare provider and work with the School Principal to effectuate any necessary reasonable accommodations.

To preserve the integrity of the School program throughout the pandemic, I further understand and agree to the following:

- School will make every effort to provide remote learning available throughout the pandemic, enabling students to continue their education seamlessly in and out of the classroom setting. Such distance learning shall be consistent with School's mission, providing faith formation, academic rigor, quality, academic support, and assessment of objectives consistent with in-person classes, and is subject to the Student Parent Handbook and School internet use policy.
- I understand that in-person School classes may be recorded and/or live streamed to facilitate distance learning, and I hereby give permission to record and/or live stream my child in the classroom setting for such educational purposes. The teacher shall have the sole ability to make such recordings, which shall be used strictly for educational purposes by the School community on approved platforms. Screenshots of individuals are strictly prohibited.
- I give permission for my child to participate in any distance learning offered online by the School through educational platforms such as Google Classroom and Zoom platforms for online synchronous video instruction. I understand that web-based activities entail known and unanticipated risks that cannot be eliminated. As a result, School recommends the use of appropriate Internet filtering software.
- I understand and agree that in the event it becomes necessary for School to solely educate students via distance learning for any time period, **I will not be entitled to a refund of or release from payment for any tuition or fees.**

I understand and voluntarily assume the risk of my child contracting COVID-19 by attending School and/or through participating in a School activity, sport, or event and hereby waive any and all claims against and agree to hold the School, Parish/Region, and Diocese of Pittsburgh harmless as set forth below:

- In consideration for providing my child the opportunity to attend School and/or participate in a School activity, sport, or event and any related transportation to and from the same, both my child and I voluntarily agree to waive, and discharge any and all claims against School, its Governing Bodies, the individual members thereof, the Diocese of Pittsburgh, the Most Reverend David A. Zubik, Trustee, and all successors, assigns, officers, agents, employees, volunteers, and representatives and release them from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the School or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.



SETON LASALLE CATHOLIC HIGH SCHOOL

In Faith and Charity

- I also agree to release, exonerate, discharge and hold harmless the School, its Governing Bodies, the individual members thereof, the Diocese of Pittsburgh, the Most Reverend David A. Zubik, Trustee, and all successors, assigns, officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child's attendance at School and/or participation in a School activity, sport, or event and any related transportation to and from the same.

I understand and hereby authorize the School, Parish/Region, and Diocese of Pittsburgh to enforce such other reasonable measures and directives as may be deemed necessary by the School.

I/We am/are the parent or legal guardian of the student named above. I/We have carefully read and fully understand all provisions of this COVID-19 Acknowledgement, Waiver, Release, and Assumption of Risk. I/We have the legal authority to consent to and, by signing below, I/we hereby do consent to the forgoing terms and conditions on behalf of myself/ourselves and the above-named student(s).

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)