**VERMILLION SCHOOL DISTRICT 13-1**

**ADMINISTRATION OFFICE**

**17 PROSPECT ST.**

**VERMILLION, SD 57069**

**PHONE: (605)677-7000 FAX: (605) 677-7002**

**Parent or Guardian Consent Form Activity Participation for Summer of 2020**

STUDENT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **First** | **Last** | | **Middle Initial** |
| **Street** | | **City, State** | **Zip** |
| **Date of Birth** | **Age** | **Student MUST have been enrolled in the Vermillion School District during the month of May, 2020** | |

Due to the outbreak of Coronavirus (COVID-19), the Vermillion School District is taking precautions with the care of students and staff members to include screening and enhanced sanitation/disinfection procedures in accordance with recommended guidelines of the South Dakota Department of Health.

**Symptoms of Covid-19 may include: *Cough-Shortness of breath or difficulty breathing – Fever – Chills – Muscle pain – Sore throat – New loss of taste or smell.***

1. I understand that Vermillion School District and their staff cannot be held liable for any exposure to the COVID-19 virus.
2. I affirm that my student, as well as all household members, have not traveled to any place considered to be a “hot spot” for COVID-19 infections WITHIN THE PAST 30 DAYS.
3. I affirm that my student, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.
4. I affirm that my student, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.
5. I understand the above symptoms and affirm that my student, as well as all household members, do not currently have, nor have experienced the symptoms listed above WITHIN THE LAST 14 DAYS.
6. I understand that if my student develops any of the above symptoms, they are to end participation in the summer programs immediately and are strongly urged to consult health officials.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent or Guardian Information | | | |
| **Name of Parent or Guardian** | | **Relationship to Minor** | |
| **Address of Parent or Guardian** | | **Telephone Number** | |
| **Street** | **City, State** | **Zip** |
| I hereby certify that to the best of my knowledge and belief, the above statements are true and that the minor named above may  participate in activities sponsored by Vermillion School District in the summer of 2020. | | |
| **Signature of Parent or Guardian** | **Date Signed** | |

The Mission of the Vermillion School District is:

**Together we connect, inspire and achieve. (CIA)**