



## **NOTICE OF RISK AND INFORMED CONSENT**

Given the current pandemic health emergency related to the highly contagious novel coronavirus (“COVID-19”), the **Norwalk Public Schools District** (the “District”) invites students to participate in person in the delivery of specialized instruction and related services during the 2020 extended school year (“in-person ESY”) under certain conditions and consistent with all applicable rules, regulations, federal and state orders and guidance, and guidance from public health officials related to COVID-19. This Notice of Risk and Informed Consent (the “Notice”) relates to students’ optional and voluntary participation in in-person ESY, which participation is expected to begin on or around July 6, 2020 and continue until on or around August 7, 2020. Participating students (“Student” or “Students”) and their parents or legal guardians (“Parents”) must sign this Notice and return it to your school principal by the first day of summer school/ESY by Monday, July 6, 2020.

### **INFORMATION ABOUT COVID-19**

COVID-19 is an illness caused by a virus that can spread from person to person. Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms. COVID-19 symptoms can range from mild (or no symptoms) to severe illness. Symptoms may appear 2-14 days after exposure to the virus and may include, among other symptoms, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, those at high-risk for severe illness and death from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including people with chronic lung disease or moderate to severe asthma; people who have serious heart conditions; people who are immunocompromised; people with severe obesity (body mass index [BMI]  $\geq 40$ ); people with diabetes; people with chronic kidney disease undergoing dialysis; and people with liver disease.

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus that causes COVID-19. The Centers for Disease Control and Prevention (CDC) also advises that individuals stay home as much as possible and avoid close contact with others; wear a cloth face covering in public settings that covers the nose and mouth; clean and disinfect frequently touched surfaces; and wash hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.

**Additional information regarding COVID-19 is available on the following websites or upon request from the School:**

- **CDC’s website at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>**
- **CT Department of Public Health website at <https://portal.ct.gov/Coronavirus>**

Although the District has implemented certain preventative measures consistent with applicable rules, regulations, federal and state orders and guidance, and guidance from public health officials related to COVID-19, the District cannot ensure that students participating in in-person ESY and/or their families or others in the students' household will not become infected with COVID-19. Moreover, the District cannot protect against exposure to or infection by COVID-19 that occurs due to the actions, omissions, and/or negligence of students or others, including District staff members.

**INFORMED CONSENT**

I, \_\_\_\_\_, understand that my child, \_\_\_\_\_, has the opportunity to participate in in-person ESY offered through the District. ESY will take place on school grounds and will be provided consistent with current applicable health and safety guidance from federal, state, and local authorities. I understand that the choice to have my child participate in in-person ESY is voluntary and that alternative educational services will be made available if I choose not to have my child participate in in-person ESY. Before my child will be permitted to participate in in-person ESY, the District requires that I read the information in this Notice and sign below to ensure that I am informed of and understand the risks related to COVID-19 associated with participating in in-person ESY.

In signing below, I attest that I am the parent/guardian of the above-named student and that I have read the Notice and understand the risks related to COVID-19 associated with participating in in-person ESY. I further understand that the District is closely monitoring this situation and reserves the right to end in-person ESY at any time. I also acknowledge that the health and safety risks posed by COVID-19 cannot be completely eliminated, despite the implementation of reasonable and age-appropriate precautions and protocols. Finally, given the unknown nature of COVID-19, I understand that it is not possible to list each and every specific risk associated with COVID-19 and that neither the District nor public health officials can guarantee that any student participating in in-person ESY or other in-person programming will not come into contact with someone infected by COVID-19 and/or contract such illness.

By opting to allow my child to participate in in-person ESY, I agree that my child and I will abide by any such health and safety protocols that the District may require. I understand that promoting public health is a shared responsibility and that every member of the District community must do his/her part to minimize risks.

**I HAVE READ AND UNDERSTAND THE NOTICE ABOVE (INCLUDING THE INFORMATION ABOUT COVID-19) AND CONSENT TO MY CHILD PARTICIPATING IN IN-PERSON ESY.**

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Student signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Legal Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Legal Guardian signature \_\_\_\_\_ Date \_\_\_\_\_