



MOUNT VERNON CHRISTIAN SCHOOL

ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT OF MINORS

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to be spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend physical distancing and have, in many locations, prohibited the congregation of groups of people.

Mount Vernon Christian School has put in place preventative measures to reduce the spread of COVID-19; however, MVCS **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending MVCS could increase** your child(ren)'s risk and your risk of contracting COVID-19.

Students Name: _____

I acknowledge that there are certain risks inherent in attending school at Mount Vernon Christian, including but not limited to those indicated in the introduction. I acknowledge that all risks cannot be prevented, and I assume those risks beyond the control of the MVC staff. I represent that my child is able, with or without accommodation, to participate in in-person instruction, can use the equipment and/or supplies associated with in-person schooling and has obtained any required immunizations or has an exemption on file.

Should my minor child require emergency medical treatment as a result of an accident or illness arising during the activity, I consent to such treatment. I acknowledge that Mount Vernon Christian School does not provide health and accident insurance and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify MVC in writing if my child has medical conditions about which emergency medical personnel should be informed.

I also agree to conduct all health screening daily, as outlined in the MVC Back to School Playbook pg. 7, prior to sending my child to school. I agree to pick my child up within an hour of being notified by MVC staff if my child demonstrates symptoms related to illness or the flu, or has a fever while at school.

In case of emergency, please contact me at area code (____) _____ - _____ ext. _____

Signature

Date

Print Name

Relationship to Participant