

Baltimore City Public Schools
In-Person Learning, 2021 – 2022 School Year
Parent/Guardian Consent Form and COVID-19 Awareness Agreement
Families are required to submit one consent form per student by the end of the second week of school

More than ever before, we all – individually and collectively – share responsibility for the well-being of our students, staff, families, and neighbors. This is particularly true when it comes to students returning to school this fall. In order to keep our community safe, City Schools has developed robust health and safety protocols during the COVID-19 pandemic. These protocols are based on the latest medical research, best practices, and input from the Baltimore City Health Department, our public health advisors, and other stakeholders. As a result, City Schools is implementing key mitigation strategies recommended by the CDC including masking, social distancing, hand washing, air filtration, COVID-19 testing, and contact tracing. These protocols are described in detail in the [City Schools Health and Safety Guide](#).

As a valued member of our City Schools community, I commit to do my part to follow these protocols, so that we can help all our students and staff be well and thrive. In addition, I agree to:

- Follow all rules for my child’s participation in school activities.
- Collaborate with school staff to help ensure that my child follows all rules for masking, hand washing, and social distancing, as set forth in [City Schools Health and Safety Guide](#) and the [Code of Student Conduct](#).
- Ask my child the “Health Screening Questions” every day and keep my child at home if the answer to any of the screening questions is yes. (See page 3 for health screening questions that you should review each day.)
- Keep my child home AND report to City Schools if my child has a confirmed or suspected case of COVID-19.
- If my child has a confirmed case of COVID-19 or is a close contact (within 6 feet for at least 15 minutes total over a 24-hour period) in the past 14 days with anyone diagnosed with COVID-19, my child cannot return to school until they complete any required quarantine or are cleared by an authorized health care provider.
- Ensure that my child participates in City Schools COVID-19 Testing Program. (See page 2 for details.)
- Ensure that, if my child becomes ill while attending in-person learning, my child is picked up promptly after receiving an on-site COVID-19 test.

I understand that failure to sign and return this form will limit my child’s ability to fully participate in school programming. Furthermore, failure to comply with the rules herein may endanger our entire community and require City Schools to take steps necessary to protect the welfare of other students and staff in the building. For information on the risks associated with COVID-19, visit: www.baltimorecityschools.org/safety-procedures. I acknowledge that I have reviewed these risks and expectations.

Student Name: _____ Grade: _____

School Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/ Guardian Phone Number: _____

I understand that I may sign this form and return it to my school, or I may submit this form electronically by typing my name and date. I understand that electronic submission of this form constitutes and is the equivalent of my personal signature.

Baltimore City Public Schools On-Site COVID-19 Testing Program

The City Schools COVID-19 Testing Program is **convenient, safe, and free of charge**. The program includes:

No-Symptom, Early Detection, PCR Testing: Students and staff receive regular tests for early detection of COVID-19. Testing takes minutes to complete. Results of PCR tests are highly accurate and typically available within 24-48 hours.

<p>Saliva-based PCR Testing: Students and staff put saliva (spit) in a tube, which is collected and sent to a central laboratory for testing.</p>	<p>Pooled PCR Testing: Students and staff in classroom pods self-administer collection of their own sample (unless the student needs assistance) by inserting a small swab, like a Q-Tip, into the front of their nose. Nasal swabs from a pod or pods are combined and tested in a group at a central laboratory. Pooled testing does not identify any specific individual who may have COVID-19 or collect personal information. If COVID-19 is identified in the pod, individual testing is required and will be administered at school. The pooled test is not required to be approved or authorized by the U.S. Food & Drug Administration (FDA) and is not an FDA approved or authorized test nor a medical diagnostic test.</p>
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Symptomatic Testing: In addition to no-symptom testing, students who are part of a classroom pod that tests positive, or who have symptoms of a COVID-19-like illness, as well as close contacts, will be tested on-site by trained staff. Staff will call the parent/guardian to pick their child up promptly after their test.

<p>Rapid antigen test: Trained staff insert a small swab, similar to a Q-Tip, inside the front of the individual’s nose. The swab is placed on a testing card and processed with a reagent to get the result, which is available in 15-20 minutes.</p>	<p>Molecular PCR test: Trained staff insert a small swab, like a Q-Tip, a bit deeper in the individual’s nose. This test is sent to a lab for processing. Results are typically available in 2-3 days.</p>
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Test providers include the University of Maryland Medical System, University of Maryland Pathology Associates, Baltimore City Health Department, Maryland Department of Health, Mako Medical, and the Maryland State Department of Education (symptomatic testing); ShieldT3 (saliva-based PCR testing); Abbott BinaxNOW (rapid antigen test); and Concentric by Ginkgo (pooled testing). Any changes to test providers will be shared with parents and posted at <https://www.baltimorecityschools.org/covid-screens>, which contains additional details about the testing program.

By signing this consent form, I voluntarily agree to have my child participate in the City Schools COVID-19 testing program, and I authorize collection of my child’s nasal and/or saliva swab sample. I understand:

- The potential risks of nasal swab collection, if performed as instructed, include discomfort from the insertion of the swabs. Any irritation is expected to be brief.
- Testing will regularly occur during the school day when parents are not present.
- As with any COVID-19 test, there is the potential for incorrect (false positive or false negative) results.
- Samples will be tested by trained staff or test providers working under an agreement with City Schools. Results will be shared with City Schools, students’ parents/guardians, test providers, the Maryland Department of Health, the Baltimore City Health Department, and CRISP (Maryland Health Information Exchange), but **only** for public health purposes (such as contact tracing and taking other steps to prevent the further spread of COVID-19 in your school community) and in accordance with applicable law and State and local policies protecting student privacy and the security of your child’s data. Information that may be shared includes your child’s name and test results, date of birth/age, demographic data, school or program participation, classroom/cohort/pod, enrollment and attendance, parent/guardian names, address, telephone, mobile number, and email address.

- While no medical experimental research will be conducted using test samples, City Schools and its contractors monitor aspects of the COVID-19 virus, such as tracking viral mutations by sequencing viruses and microbes in samples collected through the program, for epidemiological and public health purposes. City Schools also is collaborating with local universities, including Morgan State University, University of Maryland, and Johns Hopkins University, on a public health initiative to figure out which strategies are most effective. For example, the initiative may use data from the COVID-19 testing program to look at the impact of changes to how often we test or using rapid tests in addition to PCR tests.
- City Schools and the test providers are not, and are not acting as, my child's medical provider, and this testing does not replace treatment by my child's medical provider, and I will follow up with a medical provider to determine appropriate action with regard to my child's test results.

OPT-OUT OF CITY SCHOOLS ON-SITE COVID-19 TESTING PROGRAM

Your child does not have to participate in screen testing if they are fully vaccinated. However, vaccinated children must receive a COVID-19 test if they are a close contact of an individual who is COVID-19 positive. Families are encouraged to submit proof of vaccination to enrollment officials for your school or for the summer programming site. Proof of vaccination may include a completed COVID-19 Vaccination Record Card

or medical records signed by a health care provider. Families that misplace vaccination records can print copies directly from [ImmuNet](#), Maryland's immunization information system.

If you do not want your child to participate in City Schools' testing program for any other reason, you may decline to participate. However, unless you have an approved medical or religious exemption, you will be required to have your child tested through another organization within 24 hours of when they would have been tested through the City Schools program (weekly or biweekly) and provide City Schools with the test results. For details on how to opt-out of City Schools testing program, please reach out to your student's principal to request an opt-out form.

DAILY HEALTH SCREENING QUESTIONS

*Please review these questions EVERY DAY with your child before they attend school. You may **not** send your child to school if they have COVID-19 or symptoms of a COVID-19 like illness, are waiting for test results, or have been in close contact (within 6 feet or less for at least 15 minutes total over a 24-hour period) in the past 14 days with anyone diagnosed with COVID-19 (unless your child is vaccinated). If your child answers yes to any of the questions below, please keep them home and report their answers to your child's school.*

1. Do you feel sick or have any of these symptoms: fever of 100.4 or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache, or new loss of taste or smell? (Note: For students with chronic conditions, such as asthma, the symptoms should represent a change from baseline.)
2. Have you been tested due to COVID-19 symptoms and are waiting on test results?
3. Have you been diagnosed with COVID-19 and not completed isolation?
4. If you are not vaccinated, have you had close contact with anyone diagnosed with COVID-19 or suspected of having COVID-19 and not completed quarantine?

Baltimore City Public Schools

In-Person Learning, 2021 - 2022

Required commitments of families participating in person who choose to opt-out of City Schools' on-site COVID-19 testing program.

Baltimore City Public Schools has developed a robust on-site COVID-19 testing program to promote health and safety. City Schools' testing program is **convenient, safe, and free of charge**. For those who would prefer to arrange their own COVID-19 testing for their student through another organization, please review the following requirements.

- I have considered the benefits of City Schools on-site COVID-19 testing program, and I am declining to participate.
- City Schools will set a testing schedule for my child's school, and I must ensure that my child receives a COVID-19 test through another organization within 24 hours of when they would have been tested through the City Schools program (weekly or biweekly depending on the schedule of my child's school and if symptomatic).
- I will ensure my child receives PCR tests which are the most reliable form of COVID-19 tests.
- I will provide City Schools with my child's test results within 24 hours after they are made available to me.
- I understand that failure to comply with the above rules may require City Schools to take steps necessary to protect the health and safety of my child, as well as other students and staff including limiting my child's in-person programming.

Student Name: _____

School Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Parent/ Guardian Phone: _____