

Concussion Awareness

Educational Material Acknowledgement Form

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for students.

Student/Parent Handbook 2020-2021

My signature below, indicates that I have received a copy of Galesburg-Augusta High School (8th-12th grade) Student/Parent Handbook.

PPE

By signing below, I agree to the terms provided regarding PPE while participating in all school events. I understand that if I am not able to provide a mask, one will be provided for me. If it is medically not possible to wear a mask, I will provide documentation from a medical provider and a face shield.

Parent Authorization for Temperature Checks

The Galesburg-Augusta Community Schools Board of Education has, as required by Executive Order 2020-142, developed a COVID-19 Preparedness and Response Plan, which offers students hybrid and fully virtual learning options. By choosing the hybrid option, which includes face-to-face instruction on some days, I agree and consent on my own behalf and on behalf of my student(s), to all of the following:

- A. I agree to check my student’s temperature at home every morning using oral, tympanic, or temporal scanners.
- B. I agree that I will not send my student to school if my student has a temperature of 100.4 or higher.
- C. I authorize school officials to take my student’s temperature using oral, tympanic, or temporal scanners. School officials may take my student’s temperature each day, even if my student does not have other COVID-19 symptoms.
- D. I understand and agree that temperature checks are not always effective and may not protect my student from contracting COVID-19.
- E. I may revoke this consent at any time, in writing. If I revoke this consent, my student may be required to participate in one of the District’s fully virtual learning options.

Student Name Printed

Parent/Guardian Name Printed

Student Signature

Parent/Guardian Signature

Date

Date

Please circle one: I prefer to have the monthly newsletter **EMAILED** or **MAILED** to me.