



# RED SHIRT SCHOOL

38 TATANKA NUMPA RD  
HERMOSA, SD 57744

PHONE: 605-255-4224

FAX: 605-255-5396



## COVID-19 – Return to In-Person Schooling

### Student Permission and Waiver Form

As you may already know Red Shirt Elementary School will be opening its doors to in-person learning beginning on April 6, 2021. Students are **NOT REQUIRED** to attend in person at this time and may continue to attend virtually on-line.

---

**Student Name: (Print)**

---

**Student Date of Birth**

---

**Student Address:**

---

**Parent/Guardian Name: (Print)**

---

**Parent/Guardian Telephone #**

---

**Parent/Guardian Email Address**

---

**Best way to contact you:** \_\_\_\_\_

In consideration of \_\_\_\_\_ (NAME OF STUDENT) (hereinafter “Student”) being allowed to attend and participate in-person in Red Shirt Elementary School (hereinafter “School”) school related activities (hereinafter “Activities”), to include but not limited to educational, co-curricular, and extracurricular programs, the undersigned acknowledges (initial) and agrees that:

**(initials)**

- \_\_\_\_\_ 1. There is still a risk of contracting COVID 19 in the school setting but I understand that School staff is making every effort to mitigate these risks.
- \_\_\_\_\_ 2. Upon returning back to in-person learning, my student will adhere to all safety precautions and measures set up by the School.
- \_\_\_\_\_ 3. Wearing a mask is NOT Optional. All Students and Staff Shall wear their masks at all times when within 6ft of another person except when eating or drinking.
- \_\_\_\_\_ 4. Exemptions will only be granted in certain limited cases:
  - a. For students who need a medical exemption, due to a health condition that would make it unsafe to undergo testing (e.g., facial trauma, nasal surgery), use the **Student Medical Exemption Form**.
  - b. This form must be signed by a physician and you must submit medical documentation from a health care provider.
- \_\_\_\_\_ 5. All School safety procedures must be followed while in school or participating in school-sponsored activities; this includes the bus. Students will be **REQUIRED** to wear their masks on the bus as well.
- \_\_\_\_\_ 6. If my student does not feel well and/or has any of the following symptoms, he/she will be kept home:
  - a. Cough;
  - b. Shortness of Breath or Difficulty Breathing;
  - c. Fever Of 100.3 Degrees Fahrenheit Or Above;
  - d. Chills;
  - e. Muscle Pain;
  - f. Sore Throat;
  - g. New Loss of Taste or Smell.
- \_\_\_\_\_ 7. The Student or the parent or guardian will notify School officials if the student currently has symptoms or has been in contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days. The Student will not enter any district facilities.

- \_\_\_\_\_ 8. The School reserves the right to conduct screening measures, including but not limited to, taking student's temperature, random/selective testing and inquiring about current symptoms, before student may attend school, practice, or any school event. A separate permission form is included for onsite COVID-19 testing. Student participating in any activities may be subject to a COVID-19 screening on site and will have an additional permission form to complete when participating in extra curricular activities
- \_\_\_\_\_ 9. Keeping school buildings open depends upon an awareness of and immediate action on any COVID-19 concerns in our buildings. We have staff at the school that trained testing personnel and will conduct random testing and symptom or suspicion testing at any time.
- \_\_\_\_\_ 10. The undersigned agrees that the undersigned and Student will comply with any safety or health-related rules, terms, or conditions for participation in district and school activities.

**After fully and carefully considering all the potential risks involved,**

\_\_\_\_\_ **I DO,**                      \_\_\_\_\_ **DO NOT**

**give my student permission to return back to IN-PERSON classes at RED SHIRT ELEMENTARY SCHOOL and anything associated with Student participating in School Activities, including, but not limited to educational, co-curricular, or extracurricular programs.**

**SIGNATURES**

\_\_\_\_\_  
**Student:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Parent/Guardian:**

\_\_\_\_\_  
**Date:**