



GWYNN PARK HIGH SCHOOL
Home of the Yellow Jackets
13800 Brandywine Road ~ Brandywine, MD 20613
~ Office: (301) 372-0140 ~ Fax: (301) 372-0149



Dr. Melissa McGuire *Ms. Jenice Pellam* *Mr. Eric Harrison* *Ms. Davonia Bryant* *Ms. Jamila Mannie* *Mr. Adriel Wheeler*
Principal *AP - 12th* *AP - 11th* *AP - 10th* *AP - 9th* *AP - 9th*

I _____ the parent/guardian of _____
will follow the PGCPS requirements for in- person attendance at any PGCPS activity.

**An activity is defined as any sporting, social, academic, or other activity for which a student's (on or off grounds) attendance or participation is sponsored, organized, or funded in whole or in part by a school or school district.*

- My child will always wear a mask or fabric face covering, practice handwashing, and maintain social distancing when participating in a PGCPS activity, as per Maryland State Department of Education /Maryland Department of Health guidelines.
- I will only send my child to a PGCPS activity if he or she is free of any signs/symptoms of COVID-19 or has not been exposed to someone with COVID- 19 (or presumed to have COVID- 19) in the past 14 days.
- I will review symptoms with my child and monitor my child's temperature at home before my child attends any in- person PGCPS activity.
- If my child becomes ill during any PGCPS activity, I will ensure he or she is picked up from school promptly within 1 hour (students who are ill are not permitted to be transported home via PGCPS buses). I will follow- up with an authorized health care provider/health department and comply with recommended quarantine or isolation as directed. If my child is ill, I understand that a release to return to in- person activity from an authorized health care provider will be required.
- Students must be free of fever (temperature of 100.4 or higher) or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine (e.g., Tylenol) at least 24 hours before returning to school. Please consult your healthcare provider or the Prince Georges County Health Department with specific questions about COVID 19.
- I am aware that by participating in any PGCPS activity that there is a risk of being exposed to COVID- 19. I am also aware that such exposure can occur either directly or indirectly whether or not a mask or fabric face covering is worn and notwithstanding reasonable efforts by PGCPS to mitigate exposure.
- I have considered my child's and family's personal health risk in the decision to attend any PGCPS activity. I have independently evaluated and reviewed the risks of being exposed to or infected by COVID19 and have elected to allow my child to participate in a PGCPS activity with full knowledge and acceptance of the above risks.
- I will notify the school Principal and/or Nurse as soon as I am aware that my child has tested positive for the virus that causes COVID- 19 or that he or she has been exposed to a person who is confirmed to have COVID- 19.



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Signs and Symptoms of COVID- 19:

- | | | |
|--|---|---|
| <input type="checkbox"/> Fever (100.4°F or greater) or chills | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Headache | <input type="checkbox"/> Nausea or vomiting |
| | <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Diarrhea |

If you need health insurance for your child, please visit: <https://www.marylandhealthconnection.gov/> or call 1- 855- 642- 8572. The Prince Georges County Health Department Communicable Disease department can be reached at (301) 833-7879.

Parent Agreement Letter of Compliance with COVID- 19 Guidelines

Student Name: _____ Grade: _____ Date of Birth: _____

Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Phone Number: _____