Bedford County Board of Education Study Session for Back To School Plans
July 9, 2020 5:30 PM
Central Office Board Room

{{Name: Agenda Item Name}}
{{Rationale: Agenda Item Rationale}} {{Actions: Agenda Item Actions}}
{{RecommendedMotions: Agenda Item Recommended Motions}}{{AgendaItemEnd}}

I. Mr. Embry - PowerPoint Presentation

II. Letter to Parents

III. State Board of Education Continuous Learning Plan

IV. Guidance from American Academy of Pediatrics

V. Extracurricular Waiver

School Re-Opening Plans

BEDFORD COUNTY SCHOOLS

COVID-19 STATISTICS FOR BEDFORD COUNTY FOR JULY 9, 2020:

- Population: 49,713 (2019 via Census Bureau)
- Confirmed Cases: 589
- Recoveries: 434
- Active Cases: 155
- Active Case Percentage (7/9/2020): 0.311%

HEALTH SERVICES

School Health Plans

HEALTH SERVICES

- Bedford County Schools Health and Safety protocols are subject to change and the district will continually update plans to reflect current guidance.
- Every teacher will have a non-contact infrared thermometer available to check daily temperatures upon arrival to class.
- Masks will be available and encouraged for students and staff daily.
- Students and Staff will be encouraged to wash /sanitize hands throughout the day.

HEALTH SERVICES

- Every student that presents to the clinic or office with a medical complaint will be assessed.
- Students identified as having a fever and/or symptoms of any contagious illness will be given a mask to wear and placed in an isolation area 6 ft. apart.
- The parents will be called to pick up the child. They will be advised to consult a physician.

HEALTH SERVICES

- As always, students with confirmed proof of diagnosis from their physician for illnesses such as strep throat, common cold, flu or allergies will be able to return to school when they have been fever free for 24 hours without taking medication.
- The Health Department will ask for permission to notify the school. The Health Department will not notify the school unless they have permission from the parent.
- The **Health Department** will notify all close contacts of anyone who tests positive for COVID-19 with instructions.

HEALTH SERVICES

- The Health Department will send a letter to the person that tested positive and to the close contacts that were quarantined releasing them to return to regular activities.
- The school will need a copy of this letter for the student to re-enter school.
- Bedford County Schools will follow guidance from the TN Dept. of Health, CDC and TN Dept. of Education.

MAINTENANCE

Sanitization Plans

PROJECTS, POLICIES, AND PROCEDURES

1. We have staggered the start times of all Maintenance and Grounds personnel to help reduce the number of employees in the shop area at any one time.
2. Our employees have received ongoing training in the prevention of the spread of COVID.
3. All Facilities staff have masks and hand sanitizer available and are encouraged to use often.
4. All buildings have been deep-cleaned and sanitized and all filters have been changed.

PROJECTS, POLICIES, AND PROCEDURES

5. We have increased outside air where feasible.
6. We are providing signage for all schools. Signage will highlight reminders to wash hands, social distance, and wear masks when in crowds or when practical.
7. We are installing sneeze guards in administration areas where practical.
8. We have installed hand sanitizing stations in the hallways throughout the schools.

PROJECTS, POLICIES, AND PROCEDURES

9. We are providing a bottle of hand sanitizer for each teacher desk to start school.
10. We are providing extra spray bottles of disinfectant to our custodial staff to be used/loaned to teachers as needed (not to be left in the rooms for safety).
11. As much as possible, we will be disinfecting classrooms during recess periods and planning periods. At a minimum, all classrooms will be disinfected at least once per day according to CDC guidelines.

PROJECTS, POLICIES, AND PROCEDURES

12. We will also be working with student health services to install touchless bottle fill drinking fountains.
13. We have ordered two large area backpack ionized sanitizer sprayers. These units are approximately $1,650 each but are made to cover large areas. If the units work out as well as we think we will ultimately purchase one for each school.

TRANSPORTATION

Bus Plans

BUS STOP

- Family Responsibility
  - Health Screening (Temp. Below 100.4°)
  - Social Distancing
- Loading/Unloading
  - Social Distancing

BUS RIDE

- Siblings sit together in same seat
- If student is in a seat alone, he or she must sit beside the window
- Students may be given an assigned seat
- Social distancing strongly emphasized
  - Spacing between students will depend on the number of children on a bus
- Face masks will be highly recommended
- Windows will be open and driver fans will be running to increase air circulation

BUS CLEANING

- Clean/disinfect after every route (bus empty/no students)
- Focus on high touch areas

DRIVER AND BUS AIDE SAFETY

- Provided a cloth, washable face mask and highly recommended to wear
- Gloves provided
- Face shields, mask, and gloves provided to SPED buses
- Hand sanitizer
- Avoid touching surfaces that are touched by others

COMMUNICATION WITH PARENTS/COMMUNITY

- Training for drivers to ensure they are prepared to communicate with parents
- Develop clear protocols for communication expectations between drivers and stakeholders

CHILD NUTRITION

Cafeteria Plans

SCHOOL NUTRITION

- Follow all regulations set forth by the State of Tennessee Health Department
- Follow all regulations set forth by the USDA
- Work with administration of each school to minimize large groups in school cafeterias

SCHOOL NUTRITION

- No one set plan for all schools
- Possible accommodations:
  - Extended meal periods
  - Meals eaten in classroom
  - Divide students -- some students eat in classroom and others eat in cafeteria
  - Utilize other areas of the school for dining to allow for social distancing
  - Meals packaged in To-Go containers to avoid contamination

SCHOOL NUTRITION

- Wrapped/disposable utensils
- Employee temperature checks and screening questionnaire daily upon arriving to work
- Masks will be encouraged
- No Self Service will be allowed at this time

SACP

Before and After School Plans

SACP WILL…

- Have smaller groups at each site
- Be cleaning toys and surfaces more often
- Enforcing more hand washing and sanitizing

- A sign in and out station will be outside of the building so that parents are not in the building.

TECHNOLOGY

Device and Network Plans

DEVICE PURCHASES

BCS will be purchasing 1972 Dell Latitude 3190 Laptops for the following purposes:

Middle School ELA and Math Laptop Carts

- Cascade Middle School: 320 Laptops
- Community Middle School: 320 Laptops
- Harris Middle School: 640 Laptops
- Liberty School: 192 Laptops

Elementary Additional Devices

- Cascade Elementary School: 75 Laptops
- Community Elementary School: 75 Laptops
- Eakin Elementary School: 75 Laptops
- East Side Elementary School: 50 Laptops
- Learning Way Elementary School: 75 Laptops
- Liberty School: 50 Laptops
- Southside Elementary School: 50 Laptops
- Thomas Magnet School: 50 Laptops

CONNECTIVITY PURCHASES

- BCS will be purchasing wireless devices to increase students' access to the Internet. All devices will provide Internet connectivity that will be filtered to keep students safe while accessing instructional opportunities on the web.

- 5 portable hotspots
  - These Internet hotspots will be placed on buses. The buses will be strategically placed around Bedford County to provide Internet access to students.

- 1 outdoor access point for each school
  - An outside Internet access point will be installed at each Bedford County school so that families can park in a designated parking lot and access instructional materials for students.

INSTRUCTIONAL TEAM

Blended Learning Plan

DISTRICT-WIDE GOALS

- Teachers and students will utilize technology during classroom activities.
  - Activities should incorporate technology…
    - into major work of the course and grade.
    - soft skills needed for college and the workplace.
    - soft skills needed in case students need to work on material at home.
- Teachers should use technology with students in class to prepare for scenarios where distance learning may be needed. Students will be exposed to the platform, curriculum, and expectations with the teachers so they will be able to continue learning at home if necessary.

CLASSLINK

- Students and Teachers should utilize Classlink for online access to all programs.
- **https://launchpad.classlink.com/bedfordk12tn**
  - Teacher Login
    - Email address without @bedfordk12tn.net
    - Password is the same as your email password
  - Student Login
    - Student Microsoft username without the @bcsk12.net
    - Password is their Microsoft password

K-2

- Time: 1 lesson per week
- Programs available:
  - Thrivist
  - iReady Math
  - CKLA/Amplify
  - BrainPop
  - Learn 360
  - Microsoft Office Applications

K-2

GOAL: Incorporate digital soft skills in with work of the grade and course.

Examples:

- Use Microsoft Forms to create a sight words quiz. Put pictures in questions or answers to help scaffold activity. Teach students to use the immersive reader if they need help with words being read aloud.
- Have students watch a video from Learn 360. Then ask students to write a summary using Word online. Teach students how to share the document with you.
- Have students use TEAMS to view a PowerPoint or Flip Chart with your class.
- Have students view a Tapping Out with Tiles lesson in a station for a day.

3-5

- Time: 2 lessons per week
- Programs available:
  - Thrivist
  - iReady Math
  - Wit & Wisdom (ELA)
  - ThinkCentral (Science)
  - Studies Weekly (Social Studies)
  - BrainPop
  - Learn 360
  - Studies Weekly
  - Microsoft Office Applications

3-5

GOAL: Incorporate digital soft skills in with work of the grade and course.

Examples:

- Have students create a Sway presentation for a lesson. Students can build an outline, then use Sway to create the presentation for them.
- Partner with another teacher. Have students use the video chat function of Microsoft Teams to answer text dependent questions about a text read by both classes.
- Use a pre-created lesson from Brain Pop to teach a social studies or science standard. Brain Pop provides everything from the lesson plan to the assessment!

6-8

- Time: 3-5 lessons a week
- Programs available:
  - Thrivist
  - iReady Math
  - Wit and Wisdom (ELA)
  - McGraw Hill (Science and Social Studies)
  - BrainPop
  - Learn 360
  - Edmentum
  - Microsoft Office Applications

6-8

GOAL: Incorporate technology to accomplish the work of the grade and course.

Examples:

- Use Thrivist to prepare a unit. Have students access all texts, documents, activities, and assessments through this one platform. Even if you simply link to another program, the students will get used to using Thrivist.
- Have students complete a pre-built unit or lesson in Edmentum. This can be tier 1 instruction or used for remediation or enrichment.
- Have students create an infographic in PowerPoint to illustrate a complex concept such as supply and demand.

9-12

- Time: 3-5 lessons a week
- Programs available:
  - Thrivist
  - Springboard (ELA)
  - BrainPop
  - Learn 360
  - Edmentum
  - Microsoft Office Applications

9-12

GOAL: Incorporate technology to accomplish the work of the grade and course.

Examples:

- Use Thrivist to prepare a unit. Have students access all texts, documents, activities, and assessments through this one platform. Even if you simply link to another program, the students will get used to using Thrivist.
- Have students complete a pre-built unit or lesson in Edmentum. This can be tier 1 instruction or used for remediation or enrichment.
- Have students share a document with each other in Word or PowerPoint. Use this file to complete a group project together, collaborating on its creation.

INSTRUCTIONAL TEAM

Virtual Learning Plan

VIRTUAL LEARNING PROGRAM

- We will have an online application
  - This will be available by July 15
  - Click here to view the application
- Available Kindergarten through 12th grade
- Focus on core subject areas
- Aligned to graduation requirements

VIRTUAL LEARNING PROGRAM

- Students must sign a contract that ensures participation through a complete grading period
- Taught BCS teachers
- Devices will be provided to students who do not have one
- We will have 2 options depending on enrollment numbers

OPTION A

1. Students will receive class schedule from their school/and attend regular classes virtually.
2. Students will receive instruction on how to join their class virtually.
3. **All** teachers will be trained at in-service in July on virtual access.
   - TEAMS – so students can virtually attend
   - Thrivist – so teachers can create assignments and have a place for assignments and have a place for assignments to be submitted
   - Office 365 – communication
     - Chat (audio, audio recording, video recording)
     - Share documents

OPTION B

1. Students will receive class schedules from the Virtual Programs Office (Tiffany Swain)
2. Specific teachers will be responsible for virtual learning.
3. Virtual learning platforms (such as the Amplify Learning, iReady Math, and Edmentum) will be utilized in online instruction.

Bedford County Department of Education

500 Madison Street
Shelbyville, Tennessee 37160-3391
Telephone: 931-684-3284 Fax: 931-684-3289

July 9, 2020

Dear Parents, Students, and Stakeholders:

Bedford County Schools will begin school as scheduled on Monday, August 3, 2020. Monday is designated as an Abbreviated Day and the first full day of school will be on Tuesday, August 4th. SACP will open at each site on Monday, August 3rd.

We will conduct classes in as normal environment as possible and take into consideration safety measures and precautions. Social distancing will be practiced when possible, in order to prevent any germs from spreading. Our facilities and buses will be cleaned throughout the day.

Students and Staff will not be required to wear a mask. The wearing of masks is optional. However, we highly encourage everyone to wear a mask when possible especially in areas where social distancing cannot be practiced. All students and staff will be provided a disposable mask to use if they do not have their own. Each faculty and staff member will stress the importance of hand washing and clean hygiene with each student. Hand sanitizing stations will be located throughout each building for use.

School supply lists will be available on each school's website. The school system website is www.bedfordk12tn.com. You can click on the link for each school to access their website. We are requesting that each student bring their supplies. We will discourage the sharing of supplies and materials between students.

New student registration will be on Tuesday, July 21st at each school. This is only for students who have not attended Bedford County schools previously.

Social distancing expectations will be shared with students by school administrators and teachers. Social distancing will be observed in as much as possible during the day.

Students and staff members are expected to stay home if they are sick. Teachers will check the temperature of every student each day. All teachers and staff will also have their temperature taken each morning. If anyone has a temperature of 100.4 or higher, they will be referred to the school nurse to be sent home.

Schools will be admitting visitors on a limited basis. Parents and or guardians will not be permitted to walk their children to the classrooms nor will they be permitted to each lunch at school with their students. If a parent needs to come to the school to meet, we request that an appointment be made 24 hours in advance. This is for the protection of staff members and also the parents / visitors. Admitted guests will be screened upon entry with masks and temperature check required. Parents who wish to leave items at school for their child may leave them at the front office.

School transportation will be provided as normal with extra precautions in place. Each driver will have masks available if a student requests one. Masks are not required but highly encouraged. Bus drivers will clean each bus daily to disinfect.

Parents who are not comfortable with their children returning to school will be able to receive additional information about remote / distance learning options. These options will be shared around July 15th on the school system website. Information will also be available through Skyward. Also, every student will be provided an email address once school starts.

Please remember that all of our plans need to be flexible and are subject to change by any governmental mandates and / changes in health and safety guidelines. All procedures are intended to mitigate, not eliminate, risks. No single action or set of actions will completely eliminate the risk of COVID-19 transmission. It is our intention to implement several coordinated interventions to greatly reduce the risk.

Sincerely,

Don Embry
Superintendent of Schools

RULES
OF
THE STATE BOARD OF EDUCATION

CHAPTER 0520-01-17
CONTINUOUS LEARNING PLANS

TABLE OF CONTENTS

0520-01-17-.01 CONTINUOUS LEARNING PLANS FOR THE 2020-21 SCHOOL YEAR

(1) As used in this chapter:

(a) "Authorizer" has the same meaning given in T.C.A. § 49-13-104.

(b) "Charter Management Organization" or "CMO" means a non-profit entity that manages or operates two (2) or more public charter schools. .

(c) "The Department" means the Tennessee Department of Education.

(d) "Instructional Time" means the amount of instruction provided through synchronous or asynchronous instruction, or a combination of the two (2), as defined in this rule. To the extent practicable instructional time must be as commensurate in quality, rigor, and effectiveness as in-person instructional time.

(e) "LEA" means local education agency and has the same meaning given in T.C.A. § 49-1-103 (2).

(f) "Remote Instruction" means instruction that takes place when teachers are not providing in-person instruction to students within the traditional school setting. Remote instruction does not include operation of a virtual school pursuant to T.C.A. Title 49, Chapter 16 and State Board rules.

(g) "CLP" means continuous learning plan.

(h) "State Board" means the Tennessee State Board of Education.

(i) "Synchronous Instruction" means instruction provided by a Tennessee educator to a student or students at the same time but not necessarily in the same place who engage in instruction while it occurs. This may be through in-person instruction or telephonic, Internet-based, or other appropriate methods of communication as determined by the Department and may include full-class or small-group instruction or one-on-one instruction between student and teacher.

(j) "Asynchronous Instruction" means instruction provided by a Tennessee educator to students who participate in instruction at a separate time from when the teacher delivered the instruction. This may be through methods such as printed work materials, teacher-assigned individual or group projects, audio- or video-

recorded lessons, or online course modules, or other appropriate methods as determined by the Department.

(k) "Public Charter School" means a Tennessee public charter school authorized to operate under T.C.A. Title 49, Chapter 13.

(2) Each LEA and Public Charter School shall develop a CLP for the 2020-21 school year that shall be submitted to the Department of Education for approval. A CMO may develop and submit one (1) CLP for all of the schools operated by the CMO in Tennessee. All Public Charter Schools shall provide their Authorizer a copy of the CLP submitted to the Department by the Public Charter School or the Public Charter School's CMO.

(3) The Department shall develop and provide LEAs and Public Charter Schools with a template for CLPs. The CLP template and any rubric utilized by the Department for evaluation of CLPs shall be posted on the Department's website.

(4) LEAs and Public Charter Schools shall submit their CLP to the Department utilizing the CLP template no later than July 24th, 2020. The Department shall be responsible for evaluation and approval of all submitted plans and shall post information regarding the evaluation and approval process on the Department's website.

(5) The CLP shall address how the LEA or Public Charter School will continue to deliver quality instruction during the 2020-21 school year in the event of future COVID-19 related disruptions to one or more students, schools, or district-wide school operations. The CLP shall address, at minimum, the following components as defined in State Board COVID-19 Continuous Learning Plan Policy 3.210:

(a) Communications and operations plans;

(b) Access to instructional materials and technology;

(c) Attendance procedures;

(d) Educator and staff training;

(e) Standards-based instruction;

(f) Support for all students, including special populations and at-risk students; and

(g) How the LEA or Public Charter School will meet the requirements of T.C.A. § 49-6-3004 during a COVID-19 related disruption to school operations, including:

1. If one or more school buildings are closed and all instruction is being provided via Remote Instruction, provided the CLP shall include how the LEA or Public Charter School will provide students access to six and one half (6 ½) hours of Instructional Time each school day;

2. If one or more school buildings are open but on a modified schedule or operating with a reduced capacity, provided the CLP shall include how the LEA or Public Charter School will provide students access to six and one half (6 ½) hours of Instructional Time each school day.

3. If one or more school buildings are open but the LEA or public charter school permits certain students to participate in Remote Instruction due to COVID-19 related reasons, provided that, with the exception of students served under the homebound program pursuant to State Board rules, the CLP shall include how the LEA or Public Charter School will provide students participating in Remote Instruction access to six and one half (6 ½) hours of Instructional Time each school day.

(6) CLPs may address the following additional components as defined in State Board COVID-19 Continuous Learning Plan Policy 3.210:

(a) Stakeholder engagement; and

(b) Monitoring and evaluating the effectiveness of the CLP.

(7) CLPs shall also:

(a) Provide students with disabilities access to the instruction provided by their LEA or Public Charter School in a manner consistent with each student's individualized education program (IEP) or 504 plan. Remote Instruction supports shall be considered and included, as appropriate for the student, when an IEP or 504 plan is initially developed or at any subsequent review or revision of an IEP or 504 plan;

(b) Provide students who are English Learners access to the instruction provided by their LEA or Public Charter School in a manner consistent with each student's individualized learning plan and with State Board English as a Second Language Program Policy 3.207;

(c) Address the needs of other at-risk student populations

(d) Align student grading expectations to the State Board's Uniform Grading Policy 3.301 for students in grades 9-12 and to the LEA's or public charter school's locally adopted grading policies for students in grades K-8, and, if applicable, for students in grades 9-12; and

(e) Include a plan for tracking and reporting daily attendance when students are participating in Remote Instruction, including, but not limited to, protocols for determining attendance, the reporting system to be used, and how the LEA or Public Charter School will communicate attendance policies and procedures to parents. LEAs and Public Charter Schools shall address in their attendance policy how absences during Remote Instruction will be classified and potential interventions.

(7) Each LEA and Public Charter School shall post its approved CLP on its website. All approved CLPs shall also be posted on the Department's website.

(8) After an LEA's or Public Charter School's CLP receives final approval, the LEA, an individual school within the LEA, or Public Charter School shall be credited with an instructional day during the 2020-21 school year for all days in which the Public Charter School, LEA, or individual schools within the LEA, operated under the approved CLP.

This includes days during which the LEA or Public Charter School implemented the CLP prior to final approval.

(9) An LEA or Public Charter School that continues instruction during a COVID-19 related disruption to school operations in compliance with the LEA's or Public Charter School's approved CLP shall continue to receive Basic Education Program (BEP) funding as outlined in T.C.A. §§ 49-3-301, *et. seq.*

Authority: *Public Chapter 652 of 2020; T.C.A. §§ 49-6-3004, 49-1-302.* ***Administrative History:***

COVID-19 Planning Considerations: Guidance for School Re-entry
From American Academy of Pediatrics

The purpose of this guidance is to support education, public health, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children, adolescents, staff, and communities and are based on available evidence. Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the differential impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations. These recommendations are provided acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly.

Any school re-entry policies should consider the following key principles:

- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.
- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.
- Policies should be practical, feasible, and appropriate for child and adolescent's developmental stage.
- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, live in poverty, have developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.
- No child or adolescents should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.
- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.

With the above principles in mind, **the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school**. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families.

Policy makers must also consider the mounting evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

Finally, policy makers should acknowledge that COVID-19 policies are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of SARS-CoV-2 transmission, but implementation of several coordinated interventions can greatly reduce that risk. For example, where physical distance cannot be maintained, students (over the age of 2 years) and staff can wear face coverings (when feasible). In the following sections, we review some general principles that policy makers should consider as they plan for the coming school year. For all of these, education for the entire school community regarding these measures should begin early, ideally at least several weeks before the start of the school year.

Physical Distancing Measures

Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of transmission is through respiratory droplets by persons in close proximity. There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Centers for Disease Control and Prevention (CDC) recommends that schools "space seating/desks at least 6 feet apart when feasible." In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic. Schools should weigh the benefits of strict adherence to a 6-feet spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (eg, 10 per classroom, 15 per classroom, etc) should be discouraged in favor of other risk mitigation strategies. Given what is known about transmission dynamics, adults and adult staff within schools should attempt to maintain a distance of 6 feet from other persons as much as possible, particularly around other adult staff. For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually if possible. In addition, other strategies to increase adult-adult physical distance in time and space should be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows. Parents should, in general, be discouraged from entering the school building. Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, should be discouraged.

The recommendations in each of the age groups below are not instructional strategies but are strategies to optimize the return of students to schools in the context of physical distancing guidelines and the developmentally appropriate implementation of the strategies. Educational experts may have preference for one or another of the guidelines based on the instructional needs of the classes or schools in which they work.

Pre-Kindergarten (Pre-K)

In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence and certainly difficult to implement. Therefore, Pre-K should focus on more effective risk mitigation strategies for this population. These include hand hygiene, infection prevention education for staff and families, adult physical distancing from one another, adults wearing face coverings, cohorting, and spending time outdoors.

Higher-priority strategies:

- Cohort classes to minimize crossover among children and adults within the school; the exact size of the cohort may vary, often dependent on local or state health department guidance.
- Utilize outdoor spaces when possible.
- Limit unnecessary visitors into the building.

Lower-priority strategies:

- Face coverings(cloth) for children in the Pre-K setting may be difficult to implement.
- Reducing classmate interactions/play in Pre-K aged children may not provide substantial COVID-19 risk reduction.

Elementary Schools

Higher-priority strategies:

- Children should wear face coverings when harms (eg, increasing hand-mouth/nose contact) do not outweigh benefits (potential COVID-19 risk reduction).
- Desks should be placed 3 to 6 feet apart when feasible (if this reduces the amount of time children are present in school, harm may outweigh potential benefits).
- Cohort classes to minimize crossover among children and adults within the school.
- Utilize outdoor spaces when possible.

Lower-priority strategies:

- The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.
- Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

Secondary Schools

There is likely a greater impact of physical distancing on risk reduction of COVID in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation of many of these measures in older age groups, as the structure of school is usually based on students changing classrooms. Suggestions for physical distancing risk mitigation strategies when feasible:

- Universal face coverings in middle and high schools when not able to maintain a 6-foot distance (students and adults).
- Particular avoidance of close physical proximity in cases of increased exhalation (singing, exercise); these activities are likely safest outdoors and spread out.
- Desks should be placed 3 to 6 feet apart when feasible.
- Cohort classes if possible, limit cross-over of students and teachers to the extent possible.
    - Ideas that may assist with cohorting:
        - Block schedule (much like colleges, intensive 1-month blocks).
        - Eliminate use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building. (This strategy would need to be done in conjunction with planning to ensure students are not carrying home an unreasonable number of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.)
        - Have teachers rotate instead of students when feasible.
        - Utilize outdoor spaces when possible.
        - Teachers should maintain 6 feet from students when possible and if not disruptive to educational process.
        - Restructure elective offerings to allow small groups within one classroom. This may not be possible in a small classroom.

Special Education

Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.

Physical Distancing in Specific Enclosed Spaces

Bussing

- Encourage alternative modes of transportation for students who have other options.
- Ideally, for students riding the bus, symptom screening would be performed prior to being dropped off at the bus. Having bus drivers or monitors perform these screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.
- Assigned seating; if possible, assign seats by cohort (same students sit together each day).
- Tape marks showing students where to sit.
- When a 6-foot distance cannot be maintained between students, face coverings should be worn.
- Drivers should be a minimum of 6 feet from students; driver must wear face covering; consider physical barrier for driver (eg, plexiglass).
- Minimize number of people on the bus at one time within reason.
- Adults who do not need to be on the bus should not be on the bus.
- Have windows open if weather allows.

Hallways

- Consider creating one-way hallways to reduce close contact.
- Place physical guides, such as tape, on floors or sidewalks to create one-way routes.
- Where feasible, keep students in the classroom and rotate teachers instead.
- Stagger class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms.
- Assign lockers by cohort or eliminate lockers altogether.

Playgrounds

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on cohorting students and limiting the size of groups participating in playground time. Outdoor transmission of virus is known to be much lower than indoor transmission.

Meals/Cafeteria

School meals play an important part in addressing food security for children and adolescents. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.

- Consider having students cohorted, potentially in their classrooms, especially if students remain in their classroom throughout the day.
- Create separate lunch periods to minimize the number of students in the cafeteria at one time.
- Utilize additional spaces for lunch/break times.
- Utilize outdoor spaces when possible.
- Create an environment that is as safe as possible from exposure to food allergens.
- Wash hands or use hand sanitizer before and after eating.

Cleaning and Disinfection

The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents in effectively adhering to recommendations, it is critical staff are setting a good example for students by modeling behaviors around physical distancing, face coverings and hand hygiene. Infection via aerosols and fomites is less likely. However, because the virus may survive in certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation. The use of EPA approved disinfectants against COVID-19 is recommended (EPA List N). When possible, only products labeled as safe for humans and the environment (eg, Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose "hand-to-mouth" behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If disinfection is needed while children are in the classroom, adequate ventilation should be in place and nonirritating products should be used. Disinfectants such as bleach and those containing quaternary ammonium compounds or "Quats" should not be used when children and adolescents are present, because these are known respiratory irritants.

In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.

When elimination is not possible, surfaces that are used frequently, such a drinking fountains, door handles, sinks and faucet handles, etc, should be cleaned and disinfected at least daily and as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection. Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipment should also be disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users. Routine cleaning practices should be used for indoor areas that have not been used for 7 or more days or outdoor equipment. Surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc, should be cleaned and disinfected regularly if used continuously.

UV light kills viruses and bacteria and is used in some controlled settings as a germicide. UV light-emitting devices should not be used in the school setting, because they are not safe for children and adults and can cause skin and eye damage.

Testing and Screening

Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen. Testing all students for acute SARS-CoV-2 infection prior to the start of school is not feasible in most settings at this time. Even in places where this is possible, it is not clear that such testing would reduce the likelihood of spread within schools. It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time. It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. So, although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19. Stated another way, a student who is negative for COVID 19 on the first day of school may not remain negative throughout the school year.

If a student or school staff member has a known exposure to COVID-19 (eg, a household member with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19) or has COVID-19 symptoms, having a negative virologic test result, according to CDC guidelines, may be warranted for local health authorities to make recommendations regarding contact tracing and/ or school exclusion or school closure.

The other type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision-making and has no place in considerations for entrance to or exclusion from school. CDC guidance regarding antibody testing for COVID-19 is that serologic test results should not be used to make decisions about grouping people residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities. Additionally, serologic test results should not be used to make decisions about returning people to the workplace. The CDC states that serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. The AAP recommends this guidance be applied to school settings as well.

Schools should have a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments. The list of symptoms of COVID-19 infection has grown since the start of the pandemic and the manifestations of COVID-19 infection in children, although similar, is often not the same as that for adults. **School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students and staff with the information known about how children manifest COVID-19 infection, the risk of transmission in schools, and the possible lost instructional time to conduct the screenings.** Schools should develop plans for rapid response to a student or staff member with fever who is in the school regardless of the implementation of temperature checks or symptom screening prior to entering the school building. In many cases, it will not be practical for temperature checks to be performed prior to students arriving at school. **Parents should be instructed to keep their child at home if they are ill.** Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.

In lieu of temperature checks and symptom screening being performed after arrival to school, **methods to allow parent report of temperature checks done at home may be considered.** Resources and time may necessitate this strategy at most schools. The epidemiology of disease in children along with evidence of the utility of temperature screenings in health systems may further justify this approach. Procedures using texting apps, phone systems, or online reporting rely on parent report and may be most practical but possibly unreliable, depending on individual family's ability to use these communication processes, especially if not made available in their primary language. Although imperfect, these processes may be most practical and likely to identify the most ill children who should not be in school. School nurses or nurse aides should be equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or isolate students who may have COVID-19 symptoms.

COVID-19 infection manifests similarly to other respiratory illness in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. According to the CDC, children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. A student or staff member excluded because of symptoms of COVID-19 should be encouraged to contact their health care provider to discuss testing and medical care. In the absence of testing, students or staff should follow local health department guidance for exclusion.

Face Coverings and PPE

Cloth face coverings protect others if the wearer is infected with SARS CoV-2 and is not aware. Cloth masks may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2. Although ideal, universal face covering use is not always possible in the school setting for many reasons. Some students, or staff, may be unable to safely wear a cloth face covering because of certain medical conditions (eg, developmental, respiratory, tactile aversion, or other conditions) or may be uncomfortable, making the consistent use of cloth face coverings throughout the day challenging. For individuals who have difficulty with wearing a cloth face covering and it is not medically contraindicated to wear a face covering, behavior techniques and social skills

stories(see resource section)can be used to assist in adapting to wearing a face covering. When developing policy regarding the use of cloth face coverings by students or school staff, school districts and health advisors should consider whether the use of cloth face coverings is developmentally appropriate and feasible and whether the policy can be instituted safely. If not developmentally feasible, which may be the case for younger students, and cannot be done safely (eg, the face covering makes wearers touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented. School staff and older students (middle or high school) may be able to wear cloth face coverings safely and consistently and should be encouraged to do so. Children under 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear cloth face coverings.

For certain populations, the use of cloth face coverings by teachers may impede the education process. These include students who are deaf or hard of hearing, students receiving speech/language services, young students in early education programs, and English-language learners. Although there are products (eg, face coverings with clear panels in the front) to facilitate their use among these populations, these may not be available in all settings.

Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and for replacing and maintaining (washing regularly) a cloth face covering.

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the CDC guidance on infection control measures. Asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible. The CDC recommends that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask). Schools should work with families and health care providers to assist with obtaining an inhaler for students with limited access. In addition, schools should work to develop and implement asthma action plans, which may include directly observed controller medication administration in schools to promote optimal asthma control. If required while waiting for a student to be picked up to go home or for emergency personnel to arrive, when using nebulizer or a peak flow meter, school health staff should wear gloves, an N95 facemask, and eye protection. Staff should be trained on proper donning and doffing procedures and follow the CDC guidance regarding precautions when performing aerosol-generating procedures. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine cleaning and disinfection.

School staff working with students who are unable to wear a cloth face covering and who must be in close proximity to them should ideally wear N95 masks. When access to N95 masks is limited, a surgical mask in combination with a face shield should be used. Face shields or other forms of eye protection should also be used when working with students unable to manage secretions.

On-site School Based Health Services

On-site school health services should be supported if available, to complement the pediatric medical home and to provide pediatric acute and chronic care. Collaboration with school nurses will be essential, and school districts should involve School Health Services staff early in the planning phase for reopening and consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health and reproductive health services.

Education

The impacts of lost instructional time and social emotional development on children and adolescents should be anticipated, and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress because ofschool closures and distress associated with the pandemic should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen. If the academic expectations are unrealistic, school will likely become a

source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas.

Students With Disabilities

The impact of loss of instructional time and related services, including mental health services as well as occupational, physical, and speech/language therapy during the period of school closures is significant for students with disabilities. Students with disabilities may also have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child and adolescent with an IEP to determine the needs for compensatory education to adjust for lost instructional time as well as other related services. In addition, schools can expect a backlog in evaluations; therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. = Many school districts require adequate instructional effort before determining eligibility for special education services. However, virtual instruction or lack of instruction should not be reasons to avoid starting servicessuch as response-to-intervention (RTI) services, even if a final eligibility determination is postponed.

Behavioral Health/Emotional Support for Children and Adolescents

Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for infection control is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, financial/employment concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support.

Schools should consider providing training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic. Students requiring mental health support should be referred to school mental health professionals.

Suicide is the second leading cause of death among adolescents or youth 10 to 24 years of age in the United States. In the event distance learning is needed, schools should develop mechanisms to evaluate youth remotely if concerns are voiced by educators or family members and should be establishing policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before schools reopen.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic. Fear-based messages widely used to encourage strict physical distancing may cause problems when schools reopen, because the risk of exposure to COVID-19 may be mitigated but not eliminated.

When schools do reopen, plans should already be in place for outreach to students who do not return, given the high likelihood of separation anxiety and agoraphobia in students. Students may have difficulty with the social and emotional aspects of transitioning back into the school setting, especially given the unfamiliarity with the changed school environment and experience. Special considerations are warranted for students with pre-existing anxiety, depression, and other mental health conditions; children with a prior history of trauma or loss; and students in early education who may be particularly sensitive to disruptions in routine and caregivers. Students facing other challenges, such as poverty, food insecurity, and homelessness, and those subjected to ongoing racial inequities may benefit from additional support and assistance.

Schools need to incorporate academic accommodations and supports for all students who may still be having difficulty concentrating or learning new information because of stress associated with the pandemic. It is important that schools do not anticipate or attempt to catch up for lost academic time through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates. These expectations should be communicated to educators, students, and family members so that school does not become a source of further distress.

Mental Health of Staff

The personal impact on educators and other school staff should be recognized. In the same way that students are going to need support to effectively return to school and to be prepared to be ready to process the information they are being taught, teachers cannot be expected to be successful at teaching children without having their mental health needs supported. The strain on teachers this year as they have been asked to teach differently while they support their own needs and those of their families has been significant, and they will be bringing that stress back to school as schools reopen. Resources such as Employee Assistance Programs and other means to provide support and mental health services should be established prior to reopening. The individual needs and concerns of school professionals should be addressed with accommodations made as needed (eg, for a classroom educator who is pregnant, has a medical condition that confers a higher risk of serious illness with COVID-19, resides with a family member who is at higher risk, or has a mental health condition that compromises the ability to cope with the additional stress). Although schools should be prepared to be agile to meet evolving needs and respond to increasing knowledge related to the pandemic and may need to institute partial or complete closures when the public health need requires, they should recognize that staff, students, and families will benefit from sufficient time to understand and adjust to changes in routine and practices. During a crisis, people benefit from clear and regular communication from a trusted source of information and the opportunity to dialogue about concerns and needs and feel they are able to contribute in some way to the decision-making process. Change is more difficult in the context of crisis and when predictability is already severely compromised.

Food Insecurity

In 2018, 11.8 million children and adolescents (1 in 7) in the United States lived in a food-insecure household. The coronavirus pandemic has led to increased unemployment and poverty for America's families, which in turn will likely increase even further the number of families who experience food insecurity. School re-entry planning must consider the many children and adolescentswho experience food insecurity already (especially at-risk and low-income populations) and who will have limited access to routine meals through the school district if schools remain closed. The short- and long-term effects of food insecurity in children and adolescents are profound. **Plans should be made prior to the start of the school year for how students participating in free- and reduced- meal programs will receive food in the event of a school closure or if they are excluded from school because of illness or SARS-CoV-2 infection.**

Immunizations

Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, although influenza vaccination is generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students. School districts should consider requiring influenza vaccination for all staff members. Pediatricians should work with schools and local public health authorities to promote childhood vaccination messaging well before the start of the school year. It is vital that all children receive recommend vaccinations on time and get caught up if they are behind as a result of the pandemic. The capacity of the health care system to support increased demand for vaccinations should be addressed through a multifaceted collaborative and coordinated approach among all child-serving agencies including schools.

Organized Activities

It is likely that sporting events, practices, and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the AAP Preparticipation Physical Evaluation Monograph, 5th ed, and state and local guidance.

EXTRACURRICULAR ACTIVITIES WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In these unprecedented times of a global pandemic, a student's voluntary participation in extracurricular activities will involve risks different and greater than was the case in the past. Given that, this waiver and release will now be required for each student who participates in any Bedford County Board of Education extracurricular activity and is therefore a condition of participation.

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in voluntary extracurricular activities made available by Bedford County Board of Education, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

2. The undersigned KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF Bedford County Board of Education or others, and assumes full responsibility for the health-related consequences of my participation; and,

3. I willingly agree to comply with all conditions for participation as regards protection against infectious diseases. I agree to follow all procedures and precautions relating to infectious diseases and realize that such may change during the course of my participation in an extracurricular activity. If I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I understand that this extracurricular activity will be different in many respects from past years and that there may be modifications and reductions in activities related to this extracurricular activity than in past years; and,

5. I HEREBY RELEASE AND HOLD HARMLESS Bedford County Board of Education, its board members, employees, and volunteers WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF Bedford County Board of Education OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of parent/guardian: _____

Parent/guardian signature: _____

Date signed: _____

Name of participant: _____

Participant signature: _____

Date signed: _____