

**MILLER TWP. C. C. SCHOOL DIST. # 210  
MILTON POPE ELEMENTARY SCHOOL  
3197 E 28<sup>TH</sup> RD  
MARSEILLES, IL 61341**

**ACKNOWLEDGEMENT OF RISKS  
REGARDING COVID-19**

Student Name: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

I acknowledge that I am aware that COVID-19 is extremely contagious and is currently believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. I acknowledge that Miller Township School District #210 cannot completely mitigate the transfer of communicable diseases like COVID to my child (“the Student”).

I understand that the District expects students to follow local, State and federal public health guidance while on District property. I agree that my student shall be respectful of other students, faculty, administrators and the campus community by wearing a protective face covering at all times as required while indoors except when otherwise directed by school personnel, practicing social distancing to remain at least 6 feet from others, washing hands regularly, and following guidance of the United States Centers for Disease Control and Illinois Department of Public Health for slowing the spread of the COVID-19 virus. I agree to monitor my student for the development of COVID-19 symptoms, to not send my student to school if he/she is exhibiting symptoms, and to notify the District Administration if I have reason to believe the student has been exposed to a person known to have tested positive for COVID-19.

I have read this document in its entirety and fully understand its contents.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date