

## **INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS**

This form is to be completed by the student if they are 18 years of age or older or by the parent if the student is under the age of 18.

**Student(s) attending in-person classes:** \_\_\_\_\_

This document contains important information about resuming in-person services in light of the COVID-19 public health crisis. Please read this carefully and let us know if you have any questions. When you sign this document, it will be an official agreement between yourself and the Kanack School of Musical Artistry (KSMA).

### **Agreement to Meet Face-to-Face**

You agree to meet in person at KSMA during the 2020/2021 school year beginning on September 8th, 2020.

### **Risks of Opting for In-Person Services**

You understand that by attending in-person classes you are assuming the risk of exposure to the coronavirus.

### **Your Responsibility to Minimize Your Exposure**

To attend classes in person, you agree to take certain precautions which will help keep everyone (you, other students, faculty, staff, and our families) safer from exposure. If you do not adhere to these safeguards, it may result in our refusing to allow you to attend in-person classes. Please initial each requirement.

- \_\_\_\_\_ You will take your temperature before being admitted into classes each day. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to not attend class.
- \_\_\_\_\_ You will wash your hands or use alcohol-based hand sanitizer when you enter the building.
- \_\_\_\_\_ You will adhere to the safe distancing precautions put in place by KSMA including limited access to the building. You will wear a mask at all times when it is required.
- \_\_\_\_\_ You will keep a distance of 6 feet and there will be no physical contact with faculty, staff, and other participants.
- \_\_\_\_\_ You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands.
- \_\_\_\_\_ If you are in the company of other family members, you will make sure that they follow all of these sanitation and distancing protocols.
- \_\_\_\_\_ You will take steps to minimize your exposure to COVID-19 and will inform KSMA if there is any exposure.
- \_\_\_\_\_ If you or a family member has a job that causes exposure to people who are infected with COVID-19, you will immediately inform KSMA.
- \_\_\_\_\_ If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will inform KSMA.
- \_\_\_\_\_ If a resident of your home tests positive for the infection, you will immediately inform KSMA.

If new local, state, or federal orders or guidelines are published the above precautions may change. If that happens, you will be notified and may be asked to complete an updated form.

**OUR COMMITMENT TO MINIMIZE EXPOSURE**

KSMA has taken steps to reduce the risk of spreading the coronavirus at our property at 2077-2079 South Clinton Avenue. Guidelines are posted at each entrance to the building. Please let us know if you have questions about these efforts.

**In case of sickness or exposure**

You understand that KSMA is committed to keeping you, our faculty, our staff, and all of our families safe from the spread of this virus. If you show up for class and have a fever, other symptoms, or believe you have been exposed, you will be required to leave the the KSMA campus immediately.

If any faculty, staff, or students who have attended in-person classes at KSMA test positive for the coronavirus, you will be notified immediately so that you can take appropriate precautions.

**Your Confidentiality in the Case of Infection**

If you test positive for the coronavirus, KSMA may be required to notify local health authorities that you have been at the school. If It is necessary to report this, KSMA will only provide the minimum information necessary for their data collection. By signing this form, you are agreeing that KSMA may do so without an additional signed release.

Your signature below shows that you agree to these terms and conditions.

\_\_\_\_\_  
Student (if 18 or older) or Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alice Kay Kanack, Executive Director or  
Andrew Barnhart, Artistic Director  
Kanack School of Musical Artistry  
Creative Ability Development, Inc.

\_\_\_\_\_  
Date