

Parental Consent

Due to COVID-19 CDC Regulations, protocols will be used by Magoffin County Schools to help ensure the safety of those involved in in-person assessments

These protocols are necessary as protective measures for all parties involved in a face-to-face interaction.

I understand that during the Covid-10 pandemic, any social contact increases the risk for infection. I also understand that school personnel have measures and protocols in place that are designed to decrease that risk and to serve as safety measures in accordance with the CDC guidelines to prevent the spread of COVID-19. I understand that these safety measures and protocols are designed to protect my child and others and that they will be carried out in the manner outlined in the AREA protocol list.

I hereby give my consent for _____ to be assessed on _____ at _____ and to enter the building and room provided to complete measures necessary for the provision of his/her educational services.

Student Signature: _____

Parent/Guardian Signature: _____