



Permission Slip: Graduation 2020

I hereby acknowledge the following Colorado Department of Public Health and Environment (CDPHE) and El Paso County Public Health (EPCPH) requirements for participation in the Thomas MacLaren School Graduation Ceremony (“Ceremony”). I further understand that failure to strictly follow the following requirements may result in my or my school’s inability to hold the Ceremony:

1. The Ceremony is a STUDENT ONLY event, with minimal school staff.
2. No parents, guests, or observers are allowed on-site, including in the parking lot.
3. All students and staff must comply with 6-foot social distancing at all times, including when entering and exiting the ceremony.
4. No associated social gatherings of students or staff are permitted at ceremony facilities prior to or following the ceremony.
5. All students and staff must wear face coverings over the nose and mouth at all times, with the exception of individual photographs by an official photographer while social distancing from others.
6. All students must complete a health screening survey that is completed the day of the ceremony and prior to entry, to include questions about fever, cough, congestion, chills, or other symptoms exhibited by the student or others in the household in the previous 14 days, with any positive answers resulting in exclusion of the student from participation in the ceremony. Students must print out and bring Attachment A with them to graduation to be admitted.
7. Students are encouraged to avoid vulnerable individuals for the two weeks following their participation in the graduation ceremony. It is recommended that students do not participate in the Ceremony if a family member is a vulnerable individual. A vulnerable individual is:
 - Individuals who are 65 years and older;
 - Individuals with chronic lung disease or moderate to severe asthma;
 - Individuals who have serious heart conditions;
 - Individuals who are immunocompromised;
 - Pregnant women; and
 - Individuals determined to be high risk by a licensed healthcare provider

ATTACHMENT A:

Print Student Name: _____

Date: _____

1. Do you have, or have you had in the last 14 days, any of the following symptoms:

Fever*	Y	N
Cough *	Y	N
Congestion	Y	N
Chills**	Y	N
Muscle Pain**	Y	N
Shortness of Breath*	Y	N
Sore Throat**	Y	N
Headache**	Y	N
Diarrhea, Nausea, Vomiting	Y	N
Loss of Taste or Smell**	Y	N

* Any one of these symptoms requires exclusion

** Any two of these symptoms requires exclusion

2. Does any member of your household have, or have they had in the last 14 days, any of the following symptoms:

Fever	Y	N
Cough	Y	N
Congestion	Y	N
Chills	Y	N
Muscle Pain	Y	N
Shortness of Breath	Y	N
Sore Throat	Y	N
Headache	Y	N
Diarrhea, Nausea, Vomiting	Y	N
Loss of Taste or Smell	Y	N

Student Signature