



## **Student Transportation COVID-19 Parent/Guardian Acknowledgement of Risk**

When Anne Arundel County Public Schools (AACPS) begins transporting students to and from school this fall, it will be very different than it has been in the past. There are very different conditions which now must be met by both the bus operators, drivers and attendants, and eligible students whose families choose to utilize transportation services.

Bus operators will be responsible for the following conditions:

- Interior surfaces that students will be in contact with on the bus will be disinfected with an approved disinfecting agent prior to transporting students each morning and afternoon.
- Drivers and attendants will be responsible for completing a daily personal screening of COVID-19 like symptoms (in alignment with Maryland Department of Health and Mental Hygiene guidelines) prior to boarding the bus and wearing masks at all times while on the bus with students.
- Students will be instructed to sit one student to a seat with the seat immediately behind the driver left vacant. Students will be directed to space accordingly to maximize spacing between students.
- Students from the same household may sit together on a seat.
- Students will load the bus from the rear to the front: the first student will walk directly to the back of the bus with subsequent students filling seats in such a way that they do not walk past students already seated. The driver and/or attendant will assist in the process.
- Students will unload from the front to the rear of the bus: the student in the first row will exit first, the student(s) in the second row will exit next, and so on. Students should stay seated until it is their turn to exit.
- As safety and weather allows, bus driver may open windows to increase air circulation.

Parents/Guardians and students will be responsible for maintaining the following as a condition for utilizing the transportation services:

- All students must be screened for COVID-19 like symptoms daily. Parents/guardians should check for the following before their child attends school each day: Cough, shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4° or higher (measured or subjective), chills or shaking chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose. If the student has any of these symptoms, they must not attend school and the school must be immediately notified.
- Students will be required to maintain the CDC recommended social distancing/spacing at all times while at the bus stop and on school grounds.
- All students must properly wear a face mask/covering at the bus stop, the entire time they are on the bus, and on school grounds. Students will not be permitted to ride the bus if they are not wearing a face covering.
- No eating or drinking will be allowed while on the bus.
- Once seated on the bus, all students must stay in their seats until directed to exit the bus by the bus driver or aide.

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I understand and acknowledge that COVID-19 is a public health risk, and that AACPS cannot guarantee my child's safety or immunity from infection. At present, there is no known vaccination for COVID-19. The mode by which COVID-19 is transmitted, or how long it remains on surfaces, is not entirely known. With full appreciation of these facts, I voluntarily agree to allow my child(ren) to utilize AACPS transportation services.

I understand that guidance from the CDC, state or local health authorities, and AACPS may change, and I will be required to adhere to those changes. I understand that my child and I are responsible for following all COVID-19 related health and safety protocols in effect, such as social distancing, completing a daily wellness screening, and the appropriate use of face coverings, as established by this Acknowledgement.

I further acknowledge and agree that I will not put my child(ren) on the bus if they are presenting with COVID-19 like symptoms. I will also promptly notify my child's principal if my child exhibits any of the symptoms listed above.

By my signature below, I certify that I have read and fully understand this COVID-19 Acknowledgement and fully understand its terms. I am signing this acknowledgement freely and voluntarily with full knowledge of its significance.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

List the name of your child, student id number (SIF), grade, and school:

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