

**COVID-19 CORONAVIRUS AGREEMENT
SCHOOL YEAR 2021-2022**

STUDENT NAME: _____ GRADE: _____

PARENT/GUARDIAN: _____

I agree, due to COVID-19 - Coronavirus, I will immediately notify Takini School in the event my child or family member becomes infected. I agree to release to Takini School any and all of my child's medical records and health information from his/her medical providers as well as the Cheyenne River Sioux Tribe COVID-19 hotline. This includes any and all medical records one year prior and one year after the date below.

Takini School will:

1. Keep all information provided regarding my child and family in strict confidence.
2. Contact a local health care provider and/or the Cheyenne River Sioux Tribe COVID-19 hotline.

Signature

Print Name

Date