

# Student Health Safety Agreement

Updated August 13, 2021



The health and well-being of our students, faculty and staff is a top priority. It is important that we follow current guidelines to continue to safely offer educational opportunities at CVCC.

This document provides guidelines for keeping students, instructors, and college staff safe as we offer in-person classes during the COVID-19 pandemic. As a condition of your participation in an in-person class, you are required to sign this document and you will be expected to practice and follow these guidelines consistently for the safety of not only yourself, but for others you will encounter at the college.

## For my safety, the College will do the following:

- Maintain a commitment to keeping educational interruptions to a minimum and helping students stay on track to complete their programs of study,
- Continue steps to reduce the risk of transmission of COVID-19,
- Provide regular cleaning/disinfecting and other safety practices,
- Quickly respond to student concerns and/or questions as they may arise, and
- Adapt and enforce policies to adhere to CDC, state, or federal policy/guidelines.

## Student Expectations:

As a student, I agree to the following conditions to return to class (**these conditions are subject to change based on federal, state, or local policy, recommendations, or guidelines**):

1. **I will not come to class sick or stay if I am sick.** I will contact my instructor so that he/she is aware and can make instructional accommodations if necessary. I will stay in touch regularly with my instructor until I return to class. If he/she has not provided me with contact information, I will ask or contact the Interim Vice President of Academic and Student Affairs office (434-832-7618 or ogdenk@centralvirginia.edu).
2. **I will wear a mask when I am indoors on the CVCC campus per the Virginia Community College mask mandate.**
3. **Vaccination status and associated safety requirements are on my honor. If I am not already vaccinated, I am aware that a vaccination is available. Vaccination information is available at <https://vaccinate.virginia.gov/> or by calling (877) 829-4682.**
4. **If after attending a class, I find out that I was directly exposed to someone with COVID 19, I will contact my instructor immediately** and quarantine per CDC guidelines. My instructor may make instructional accommodations if appropriate. I will stay in touch with my instructor until I am eligible to return to class. If he/she has not provided me with contact information, I will ask or contact the Interim Vice President of Academic and Student Affairs office (434-832-7618 or ogdenk@centralvirginia.edu).
5. **If I am diagnosed with COVID 19 I will not come to class. If I recently attended class, I will advise my instructor immediately of my diagnosis.** I will stay in touch with my instructor as I am able. I will follow current CDC quarantine guidance in consultation with my instructor and college administration. If I need additional support to continue my course, I will contact my advisor (434-832-7800) or the [CVCC Community Connections Coordinator](#).
6. **I will be prepared if this in-person class is moved online.** In the event of a new outbreak or change in state guidelines, I understand it is possible my class may be moved online, in full or partially. I understand that if my class is moved online, I will need access to technology and internet with as little as 24 hours' notice. Loaner laptops and hotspots are available for check out in the CVCC Library (434-832-7750).
7. **RECOMMENDATION: I should sign up for the CVCC emergency alerts** so that I will receive school-wide bulletins and update TEXTS/EMAILS not only about closing, but other emergency information I should know. For the latest emergency closing information, please sign up for CVCC emergency alerts here: <https://cvcc.omnilert.net/subscriber.php>.

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Signature:



By signing below, I agree to the above student expectations as a condition of attending in-person classes and I acknowledge that I have read and fully understand this document. My signature on this form is required to participate in in-person courses. I further acknowledge that I am accepting these personal risks and conditions of my own free will. I represent that I am 18 years of age or older and legally capable of entering into this agreement. If, at any time, I fail to follow any of these conditions, I understand that I will be subject to disciplinary action and may be dismissed from my class without a refund.

_____	_____	_____
Printed Name	Signature	Date

\_\_\_\_\_  
 \_\_\_\_\_

Address

If participant is less than 18 years of age, the following section must be completed by a parent or guardian:

My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

_____	_____	_____
Child's Name	Parent or Guardian Signature	Date

\_\_\_\_\_  
 \_\_\_\_\_

Address

*The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.*