

Pandemic—Statement of Understanding and Consent Form for All Saints Family Formation
(We will need one form filled out and signed for each child in Family Formation)

PARTICIPANT: _____

PARISH: All Saints

PARENTS/LEGAL GUARDIANS: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is extremely contagious. As a result, in order to resume religious education activities, social distancing and other essential safety measures at the Catholic Parish named above ("Parish") have been established. The Parish has put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at Parish and Parish activities. Even with implementation of such safety protocols, the Parish cannot guarantee that I or my child(ren) will not become infected with COVID-19. Attendance at religious education and/or participation in religious education activities could increase my risk and/or my child(ren)'s risk of contracting COVID-19. On behalf of myself and my child(ren), I expressly assume this risk.

I agree to comply with the Parish’s rules, policies, and procedures it may adopt in order to prevent and/or minimize the spread of COVID-19. I understand that some of the rules, policies, and procedures which the Parish adopts may be mandated or suggested by local, state, or federal health authorities.

I agree to conduct a COVID-19 self-screening of my child (student) before each religious education session by reviewing each of the following questions with him/her:

<p><i>Do you have one of the following?</i></p> <ul style="list-style-type: none"> • Fever of over 100.4 °F • Onset of shortness of breath or difficulty breathing • New onset of dry cough • New onset of loss of taste or smell 	<p><i>Do you have 2+ of the following?</i></p> <ul style="list-style-type: none"> • Chills longer than two hours • Congestion and/or runny nose • Nausea, vomiting or diarrhea • Sore throat • Headache • Muscle pain 	<p><i>Have you had close contact with someone positive for COVID-19?</i></p> <p><i>Close contact means contact longer than 15 minutes within 6 feet without a face covering or residing with someone who is positive.</i></p>	<p><i>Have you been directed to self-isolate due to a positive COVID-19 result or for having contact with someone with COVID-19?</i></p>
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I understand that if the answer to any of the foregoing questions on any given day which religious education is scheduled is "Yes," I will not permit my child to attend religious education and will notify the Director of Religious Education (“DRE”) immediately. I will not permit my child to attend religious education or allow my child to participate in any religious education activities until I receive written approval from the DRE. I

understand that, as a condition of approval, the DRE may require my child to obtain a negative test result for COVID-19 or produce a Physician's Note indicating that it is safe for my child to return to religious education.

I understand that, in the event my child develops symptoms or suspected symptoms of COVID-19, I will be contacted by Parish or religious education staff and I will make immediate preparations to have my child picked up from religious education. In the event of a medical emergency, I authorize the Parish and religious education staff to call 911 and request emergency assistance. I further understand and affirm that the Parish and religious education staff have discretion to determine whether a participant is ill, or potentially contagious, and whether it is in the best interests of the participant, other religious education participants, instructors, and Parish staff to mandate that a participant be picked up from religious education at the time of that determination.

I also understand and consent that, if my child is diagnosed with COVID-19, the Parish may disclose my child's name to local and state health officials and, if necessary, to religious education staff members, other religious education participants, or other religious education participants' parents or guardians in order to help trace and contain the spread of COVID-19.

By execution of this Form, I understand and agree to the foregoing terms and conditions.

Parent/Legal Guardian Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Date: _____