



COVID-19 Parent/Guardian/Adult Student Agreement
Phase 2 of Diocese Guideline for in person instruction/workshop/conference

Each statement below must be read and initialed by a child's parent/guardian or adult student.

1. _____ I understand that during this COVID-19 public health emergency I will NOT be permitted to enter the designated religious education facility if;
 - a) Knowingly myself or a household member have had contact with a person or persons with COVID19 symptoms or
 - b) Have tested positive for COVID19 or
 - c) Under quarantine-self or directed by health professionals, for the safety of all persons present at the designated religious education facility as to limit to the extent possible everyone's risk of exposure.

2. _____ I understand that it is my responsibility to inform other members of my household of the information contained herein.

3. _____ I understand that while in the designated religious education facility, I will practice social distancing and remain 6 feet from all other people, except for my own child.

4. _____ I understand that in order to attend religious education on site, my child must be free from COVID-19 symptoms. If, during the class session, any of the following symptoms appear, I will remove myself and my child from the rest of the class.
Symptoms include:
 - Fever of 100.4 degrees Fahrenheit or higher
 - Chills
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
 - Any other symptom of illness, whether or not you believe it's related to COVID-19

While the Parish understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency.

Symptoms typically appear two to seven days after being infected. Your child will need to be symptom-free, without any medication, for 72 hours before returning to the designated religious education facility.

5. _____ I understand that as the parent/guardian, I will need to take my child's temperature, and my own, prior to coming to the designated religious education facility. I understand that, as the parent/guardian, I must also conduct daily self-screening of my child, any myself, for symptoms prior to the child arriving at the designated religious education facility.
6. _____ I understand that my child, and myself, will be required to wash our hands as directed during the course of the class using CDC-recommended hand washing procedures. (posters will be posted in all bathrooms and kitchen area)
7. _____ I understand that my child must wear a face covering throughout the day according to the protocols established by the Diocese.
8. _____ I will immediately notify the Director of Religious Education if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines "close contact" as being within 6 feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.
9. _____ The designated religious education facility will continue to follow the guidelines of the Diocese of Tucson, the CDC and state and local officials. As changes occur, parents and guardians will be notified. The Director of Religious Education will contact the Arizona Department of Health Services if any staff member or student contracts COVID-19 to help make crucial decisions on next steps.
10. _____ I understand that, while present at the designated religious education facility, my child will be in contact with children, parents/guardians and volunteers/employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19. I understand that the members of my family play a crucial role in keeping everyone at the designated religious education facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed herein.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____