



Parent Acknowledgement and Agreement Regarding COVID-19 Protocols

I _____ the parent/guardian of _____ will follow **Church of the Immaculate Conception's** requirements for in-person attendance. This includes any activities and events as permitted in addition to the normal parish hours.

1. ___ I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein. I understand and agree that my child and I will comply with any other policies, procedures, guidelines, and rules that **Church of the Immaculate Conception** may deem appropriate to prevent the spread of COVID-19, related variants or other communicable diseases at its facility. Note, this provision **does not** contemplate requiring mandated vaccinations for your child.
2. ___ I understand I **MAY** be prohibited from to entering the **Immaculate Conception Church's** facility beyond the designated drop-off and pick-up area (except for emergency situations as contemplated below). I understand that **IF** this procedure if enacted at my child's parish it is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein and that they cannot pick up my child unless they also have signed this form.
3. ___ I understand that **IF** there is an emergency requiring me to enter the **Immaculate Conception Church's** facility beyond the designated drop-off and pick-up area I **MAY** be required to wash/sanitize my hands before entering and **MAY** be required to wear a mask at all times. While in the facility, I **MAY** be required to practice social distancing and remain at least six (6) feet away from all other people, except for my own child.
4. ___ I understand that in order to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated away from the rest of the students and people located in the facility. I will be contacted by **Church of the Immaculate Conception** staff as soon as possible, and my child **MUST** be picked up from the facility within thirty (30) minutes of being notified (or as soon as reasonably possible).

Symptoms include but are not limited to: Cough, Shortness of Breath, Chills, Muscle aches, Headache, Sore Throat, Loss of taste or smell, Diarrhea, Fever of 100.4 degrees Fahrenheit or higher.

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this public health emergency. These symptoms typically appear two (2) to seven (7) days after being infected, so please take them seriously.

5. ___ I understand and agree that I am responsible for reporting to **Church of the Immaculate Conception** if my child, my Emergency Contacts, or I have been diagnosed with COVID-19, have symptoms of COVID-19, or otherwise have reason to believe they or I have contracted COVID-19. I further understand and agree that any child, emergency contact, or parent/guardian who has been diagnosed with COVID-19 or has been exposed to COVID-19 wants to enter **Church of the Immaculate Conception** before completing the required period isolation or quarantine must present the designated administrator with a medical professional's certification of good health that clears the individual for return. The medical certificate will be forwarded to **Noelle Acaso** who will consult with **Church of the Immaculate Conception** administration regarding whether the individual is able to enter the facility prior to completion of the required quarantine period.
6. ___ I agree to wear a mask at all times while dropping off and picking up my child (ren) until notified otherwise by Church of the Immaculate Conception. This applies to whether while in or out of my vehicle.
7. ___ I understand that I **MAY** be required to complete a wellness screening questionnaire for my child (ren) prior to their entering the facility. I understand **IF** such a screening is required and I fail to complete this questionnaire, I will be required to complete the questionnaire prior to leaving the parish's premises.
8. ___ I understand that my child will be required to wash their hands using Centers for Disease Control and Prevention-recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least twenty (20) seconds.
9. ___ I understand the importance of complying with state, county or local stay-at-home orders and social distancing guidelines, even when outside of the care of the parish, in order to control my own and my child's exposure in the local community.
10. ___ I will immediately notify **Church of the Immaculate Conception** administration if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above within the last ten (10) days, am advised to self-isolate, quarantine, has tested positive, is pending a test result or is presumed positive for COVID-19.

11. ___I acknowledge and agree that if my child is diagnosed with COVID-19, **Church of the Immaculate Conception** may be required to notify the County Health Department and possibly the Maryland Department of Health.

I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Church of the Immaculate Conception may result in termination of all Immaculate Conception Church permitting my child(ren) to attend in-person programs and ministries. I acknowledge that enrollment of my child (ren) may be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

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

Child Name: _____ Grade: ____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Phone Number: _____

Emergency Contact Printed Name: _____

Parents/Guardians are responsible for sharing the agreement with the Emergency Contact listed above.