# Child Care Program

## COVID-19

### PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

The Virus that causes COVID-19 can infect people of all ages. Persons of ALL AGES can be infected with COVID-19 and some will develop a severe illness.

Even a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others, including those who may be far more vulnerable.

While precautions will be taken some of the protective measures that we can expect from adults are, for a variety of reasons, simply not possible with toddlers and small children.

COVID-19 is easily spread from person to person by coughing, sneezing, speaking, and even breathing. A group of young children or toddlers are likely to engage in interactive play and sharing of toys.

Parents and Guardians should monitor the health of their child and NOT send their child to the program if they are displaying any symptom of COVID-19.

Child's name: _____ Child's Date of Birth: _____

Father or Guardian's name (print): _____

Home Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

I,_____, grant permission for my child, _____,
    Father or Guardian's name                                               Child's name

to participate in the _____ Child Care Program. This activity will take place under the
                            Name of Parish

guidance and direction of _____ employees and/or volunteers.
                         Name of Parish

As parent and/or legal guardian of the child I acknowledge that I am aware of the COVID-19 virus and I acknowledge that my child may be exposed to the virus while attending the Child Care Program ("Program"). I agree I will not take my child to the Program if my child displays any symptoms of COVID-19 or has been exposed to anyone with COVID-19. I will notify the Program immediately if my child is exposed or develops symptoms. I agree to comply with rules and directives of the Program.

**IN CONSIDERATION OF MY CHILD BEING ABLE TO ATTEND THE PROGRAM I AGREE ON BEHALF OF MYSELF, MY CHILD NAMED HEREIN, OR OUR HEIRS, SUCCESSORS, AND ASSIGNS, TO HOLD HARMLESS, RELEASE AND DEFEND THE ARCHDIOCESE OF GALVESTON-HOUSTON AND THE PARISH NAMED ABOVE AND THEIR EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, OR REPRESENTATIVES FROM ANY CLAIMS, DAMAGES OR LIABILITIES ARISING FROM OR IN CONNECTION WITH MY CHILD'S ATTENDANCE AT THE PROGRAM INCLUDING ANY ILLNESS OR INJURY OR COSTS OF MEDICAL TREATMENT.**

Signature: _____ Date: _____