

ST. JOSEPH THE WORKER PARISH

COVID-19 MEMORANDUM OF UNDERSTANDING

(For those who attend any ON-SITE faith formation or youth ministry)

STUDENT NAME(S): _____

I understand and agree to the following means of safeguarding the Parish community in the midst of the COVID-19 global pandemic. (Please check each box):

- The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is extremely contagious. The Parish has put in place reasonable preventative measures and standards of behavior in which members of the Parish community are expected to comply to reduce the spread of COVID-19 at the Parish. Such precautions include, but are not limited to, wearing a face covering, handwashing/sanitizing, social distancing, and self-screening. Even with implementation of these safety protocols, the Parish cannot guarantee that you/your child/a household member will not become infected with COVID-19 and attendance and/or participation in the Parish activity, sport, or event could increase you/your child/a household member's risk of contracting COVID-19.
- Prior to each Parish activity, sport, or event, I understand and agree that I must ask myself the questions below. Should the answer to any of the questions on any given day be "Yes," I understand my child is not permitted to attend and/or participate in the Parish activity, sport, or event.
 - Has my child had a fever as defined by the CDC during the past 24 hours?
 - Has my child had a new or unexpected cough during the past 7 days?
 - Has my child been around anyone exhibiting these symptoms within the past 14 days?
 - Is my child living with anyone who has been sick, has exhibited symptoms of COVID-19, or is currently under quarantine for exposure to COVID-19?
 - Has my child traveled internationally within the last 14 days?
 - Has my child traveled to a state identified by the PA Department of Health as having high amounts of COVID-19 cases in the last 14 days?
 - Has my child disregarded CDC guidelines and failed to limit his/her exposure to COVID-19?
- I understand that, in the event my child develops symptoms or suspected symptoms of COVID-19 or other illness, or if otherwise requested by the Director/Youth Minister, at his/her discretion, I will be contacted by the Parish, and I will make immediate preparations to have my child picked up from the Parish. In the event of a medical emergency, I authorize the Parish to call 9-1-1 and have my child transported to a hospital or healthcare facility.
- I further understand that, in the event that my child contracts COVID-19 or becomes exposed to someone with COVID-19, my child will need to be isolated or quarantined as directed by the CDC.
- I understand that no one may be present on Parish property or attend a Parish activity, sport, or event until he/she meets Pennsylvania Department of Health and Pennsylvania Department of Education's criteria to return to the Parish

COVID-19 Symptoms?	COVID-19 Test?	May return after:
YES	NO	<input type="checkbox"/> No Health Care Provider Evaluation: <ul style="list-style-type: none"> <input type="checkbox"/> 10 days since symptoms first appeared; and <input type="checkbox"/> At least 24 hours with no fever without fever-reducing medication; and <input type="checkbox"/> Symptoms have improved. <input type="checkbox"/> Evaluated by Health Care Provider: <ul style="list-style-type: none"> <input type="checkbox"/> Health care provider provided written release to return to the Parish; and <input type="checkbox"/> At least 24 hours with no fever without fever-reducing medication; and <input type="checkbox"/> Symptoms have improved
YES	YES COVID POSITIVE	<input type="checkbox"/> 10 days since symptoms first appeared; and <input type="checkbox"/> At least 24 hours with no fever without fever-reducing medication; and <input type="checkbox"/> Symptoms have improved.
YES	YES COVID NEGATIVE	<input type="checkbox"/> No Health Care Provider Evaluation: <ul style="list-style-type: none"> <input type="checkbox"/> At least 24 hours with no fever without fever-reducing medication; and <input type="checkbox"/> Symptoms have improved <input type="checkbox"/> Evaluated by Health Care Provider: <ul style="list-style-type: none"> <input type="checkbox"/> Health care provider documented an alternative diagnosis; and <input type="checkbox"/> Health care provider provided written release to return to the Parish.

NO	YES COVID-19 POSITIVE	<input type="checkbox"/> 10 days have passed since test, or <input type="checkbox"/> He/she receives two negative test results in a row, at least 24 hours apart.
CLOSE CONTACT WITH SOMEONE WITH COVID-19		<input type="checkbox"/> 14 days after exposure unless he/she develops symptoms, in which case see above.

- I understand that individuals who have a weakened immune system (immunocompromised) due to a health condition or medication may need to take additional precautions and/or stay home longer than 10 days in the event of infection. These individuals are encouraged to consult their healthcare provider and work with the Parish Director/Youth Minister to effectuate any necessary reasonable accommodations.

To preserve the integrity of the Parish program throughout the pandemic, I further understand and agree to the following:

- The Parish will make every effort to provide remote learning available throughout the pandemic, enabling students to continue their education seamlessly in and out of the classroom setting. Such distance learning shall be consistent with the Parish's mission, providing faith formation and support, in keeping with in-person formation, and is subject to the Parish Faith Formation Policies and Parish internet use policy.
- I understand that in-person Parish classes may be recorded and/or live streamed to facilitate distance learning, and I hereby give permission to record and/or live stream my child in the classroom/formation setting for such educational purposes. The teacher/director/youth minister shall have the sole ability to make such recordings, which shall be used strictly for educational purposes by the Parish community on approved platforms. Screenshots of individuals are strictly prohibited.
- I give permission for my child to participate in any distance learning offered online by the Parish through educational platforms such as Google Classroom and Zoom platforms for online synchronous video instruction. I understand that web-based activities entail known and unanticipated risks that cannot be eliminated. As a result, the Parish recommends the use of appropriate Internet filtering software.

OR

- I do not give permission for my child to participate in live online formation nor be recorded. I will make other arrangements with the parish for support should remote support become necessary.

I understand and voluntarily assume the risk of my child contracting COVID-19 by attending and/or participating in a Parish activity, sport, or event and hereby waive any and all claims against and agree to hold the Parish and Diocese of Pittsburgh harmless as set forth below:

- In consideration for providing my child the opportunity to attend and/or participate in a Parish activity, sport, or event and any related transportation to and from the same, both my child and I voluntarily agree to waive, and discharge any and all claims against the Parish, its Governing Bodies, the individual members thereof, the Diocese of Pittsburgh, the Most Reverend David A. Zubik, Trustee, and all successors, assigns, officers, agents, employees, volunteers, and representatives and release them from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the Parish or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.
- I also agree to release, exonerate, discharge and hold harmless the Parish, its Governing Bodies, the individual members thereof, the Diocese of Pittsburgh, the Most Reverend David A. Zubik, Trustee, and all successors, assigns, officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child's attendance and/or participation in a Parish activity, sport, or event and any related transportation to and from the same.

I understand and hereby authorize the Parish, and Diocese of Pittsburgh to enforce such other reasonable measures and directives as may be deemed necessary by the Parish.

I/We am/are the parent or legal guardian of the student named above. I/We have carefully read and fully understand all provisions of this COVID-19 Memorandum of Understanding. I/We have the legal authority to consent to and, by signing below, I/we hereby do consent to the forgoing terms and conditions on behalf of myself/ourselves and the above-named student(s).

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)