



Sacred Heart Parish

P.O. Box 3672 | Glyndon, MD 21071-3672 410.833.1696 | Email: parish@shgparish.org

Parent Acknowledgement and Agreement Regarding COVID-19 Protocols

I _____ the parent/guardian of _____ will follow Sacred Heart Parish requirements for in-person attendance. This includes any activities and events as permitted in by the parish whether on or off of parish property.

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 Sacred Heart Parish may deem appropriate to prevent the spread of COVID-19 at its facility.
2. ___ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the Sacred Heart Parish facility beyond the designated drop-off and pick-up area located at Mother Seton Room (except for emergency situations as contemplated below). I understand that this procedure change 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 Sacred Heart Parish facility beyond the designated drop-off and pick-up area I MUST wash/sanitize my hands before entering and wear a mask at all times. While in the facility, I must 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 period of the scheduled program, any of the following symptoms appear my child will be separated away from the rest of the participants and people located in the facility. I will be contacted by Sacred Heart Parish 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: 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 Sacred Heart Parish if my child, a family members with whom my child lives 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 or parent/guardian who wants to enter Sacred Heart Parish before completing a fourteen (14) day self-isolation period 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 Susan Lea, who will consult with Sacred Heart Parish administration regarding whether the individual is able to enter the facility prior to completion of the 14-day period.

6. ___ I agree to wear a mask at all times while dropping off and picking up my child until notified otherwise by Sacred Heart Parish.
7. ___ I understand that I must complete a wellness screening questionnaire for my child prior to their entering the facility. I understand if 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 as appropriate 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 orders, even when outside of care, in order to control my own and my child's exposure in the local community.
10. ___ I will immediately notify Sacred Heart Parish 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, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
11. ___ I acknowledge and agree that if my child is diagnosed with COVID-19, Sacred Heart Parish must notify the County Health Department and possibly the Maryland Department of Health.
12. ___ I acknowledge and agree to notify the parish administration if my child is to travel to another State with a positivity rate of greater than 10%.

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 Sacred Heart Parish may result in termination of Sacred Heart Parish permitting my child to attend in-person program. 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.

Child Name: _____ Date of Birth: _____

Program: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Phone Number: _____