

ST. ANTHONY & ST. JOSEPH'S COVID - 19

Personal Home Screening and Personal Protection Covenant

As part of our commitment to preventing the spread of Covid-19, all students, volunteers, staff and visitors are required to take daily temperature readings and acknowledge any symptoms or recent contact with others who may have been infected with this virus before entering the building when faith formation sessions are scheduled. Any symptoms should be reported to your own healthcare provider and adhere to any health and safety requirements provided at that time. All students, volunteers, staff and visitors are required to wear masks when traveling in common spaces throughout the building and when in areas where social distancing and ventilation requires additional protection.

Please keep this page at home and answer the following before sending your child to a scheduled faith formation session: Have you or has anyone in your home had contact within the last fourteen days with any person under screening/testing for COVID-19, or with anyone with known or suspected COVID-19?

Does your child currently have any of the following symptoms?

- Fever (100.4°F or higher), or a sense of having a fever.
- New cough that you cannot attribute to another health condition.
- New shortness of breath that you cannot attribute to another health condition. New sore throat that you cannot attribute to another health condition.
- New muscle aches (myalgias) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise). If YES to any of the screening questions, your child is excused from the session until further notice.

If NO to all of the screening questions, your child can be permitted into the facility and should be instructed to practice strong infection control strategies: maintaining social (physical) distancing of 6 feet, wearing a cloth face covering, washing hands (soap and water for 20 seconds or hand sanitizer containing at least 60% alcohol), covering coughs and sneezes with an elbow, avoiding touching their face, and cleaning surfaces frequently

PLEASE FILL IN THE FORM BELOW, CUT AND SEND IT TO SALLY HERCEG, ONLINE, SCAN & EMAIL, POST MAIL or IN PERSON ON OR BEFORE YOUR STUDENT ATTENDING ANY IN-PERSON EVENT 2020-21

Parish Name COVID - 19 Personal Home Screening and Personal Protection Covenant

I agree to adhere to the at-home screening guidelines before sending my child to each scheduled faith formation session. I understand that any health and safety requirements provided by my healthcare provider are followed in the event of being tested positive for Covid-19.

Name of child _____

Parent Name _____

Parent Signature _____

Date _____