

PIERCE CHAPEL CHILDREN'S MINISTRY
COVID-19 PROTOCOL
PARENT ACKNOWLEDGMENT FORM

Because we all care about the health of our children, families and volunteers, we are asking our parents to help us prevent the spread of COVID-19 within our church. While it is not possible to eliminate all COVID-19 risks, we are asking families to follow the protocols listed below.

An important protocol is to screen your child before bringing them to church functions. Do not bring your child to church if he/she currently has or has had any of the following symptoms within the past fourteen days:

- Fever/Chills
- Fatigue
- Diarrhea
- Sore throat*
- Congestion or runny nose
- Muscle and body aches
- Headache*
- Shortness of breath*
- Cough
- Nausea or vomiting
- New loss of taste or smell*
- Known close contact with a person who breathing difficulties, is suspected of having COVID-19, experiencing any symptoms of COVID-19, or lab-confirmed to have COVID-19

*These symptoms are less commonly experienced by children.

This list of symptoms is not intended to be comprehensive. Please see the CDC website for the most updated list of COVID-19 symptoms.

I agree to the following (please initial each statement):

_____ I understand and affirm that my child, as well as all household members, do not currently have, nor have experienced the symptoms listed by the CDC within the last 14 days.

_____ I affirm that my child, as well as all household members, have not been diagnosed with COVID-19 within the past 14 days.

_____ I affirm that my child, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 14 days.

_____ I understand that Pierce Chapel United Methodist Church cannot be held liable for any unintentional exposure to the COVID-19 virus.

_____ I will immediately notify the Nursery Coordinator, Taylor Heinzelman at 706-366-4300, if the status regarding any of the above statements changes for my child, or any other household member.

By signing below, I commit to not bringing my child to church if he/she exhibits any COVID-19 symptoms. I also understand that Pierce Chapel UMC is implementing safety and sanitation protocols but cannot eliminate all COVID-19 risk.

Parent/Guardian Signature _____ Date _____

Parent Contact Information

Cell: _____ Alt. Phone: _____ Email _____

Name of Child(ren) _____

Food or medical allergies: _____