



Parent Partnership and Wellness Agreement

The health and safety of our children and their families along with that of our staff and their families are a top priority. It is important that we partner together to ensure the safety and wellness of all during this time. As parents, we ask that you are diligently monitoring the wellness of your child for their attendance at First Presbyterian Church events and activities (including but not limited to Sunday School, youth group meetings, Bible studies, service / workdays, children's choir, etc). Please complete the form below with one form per family completed and submitted prior to attending the first activity.

1. Prior to attending an activity, I agree to ensure **my child is NOT running a temperature of 99.4 or higher** (with no medication given to reduce symptoms).
2. I agree to NOT send my child to an activity if he or she has an elevated temperature or fever, is sick, or is not feeling well.
3. I agree to pick up my child immediately if he or she becomes unwell during the activity.
4. I understand that, based on the regulations of different phases, my child may or may not be required to wear a face covering to FPC events and activities; but if I choose for them to do so regardless, I will (a) communicate that with my child's teacher or administration; (b) provide the face covering; and (c) ensure my child is familiar wearing the face covering and he or she knows it is to be worn at school.
5. I understand that, at this time, children in 3rd grade and higher are required to wear a face covering indoors in order to participate.
6. I agree to **REPORT** to FPC ministry leadership a pending COVID-19 test or positive COVID-19 test result in the household of my child or from any individual for which my child has had direct contact. (i.e. grandparent, sitter, etc..)
7. I agree to **keep my child at home** under the following conditions (even if my child is well) – (a) there is a pending COVID-19 test; (b) positive COVID-19 test or suspected individual with COVID-19 - in the household of my child or with an individual for which my child has had direct contact.
8. I understand that under certain circumstances a negative COVID-19 test may be required for my child to return to school.

Child(s) Name(s): _____

Parent's Signature and Date: _____