

Catholic School of Fairbanks
COVID-19 Screening Information for Parents

Please monitor your child's health and keep him or her at home if the answer to any of these questions is yes at any time. If your child has a temperature of over 100 degrees or answers yes to any of the questions below, they will not be allowed to participate in activities in our building until they have been cleared by a medical provider and/or tested for COVID-19. We will no longer be asking these screening questions or taking temperatures at camp, so we are relying on parents and youth to monitor for symptoms. We do have the ability to do COVID-19 testing at school so if your child is experiencing symptoms, please contact our COVID-19 Mitigation Coordinator Lorna Illingworth at 907-388-9696 for guidance.

1. Any fevers within the last 72 hours (three full days)? Has any medication been used to reduce a fever in the last 72 hours? Record Temperature. (If over 100.0 they will not be accepted into camp today.)
2. Do you currently have any cough or trouble breathing or loss of taste and/or smell? (If yes, you must be tested for COVID-19 AND cleared by a medical provider before coming to camp.)
3. Do you currently have a runny nose, sore throat, or sneezing NOT caused by Seasonal Allergies? (If yes, you must be cleared by a medical provider AND possibly tested for COVID-19 before coming to camp.)
4. Do you currently have muscle aches or chills with an unknown cause? (If yes, you must be cleared by a medical provider before coming to camp.)
5. Have you or anyone in your household had direct contact with anyone who was diagnosed with COVID-19 in the past 10 days outside of a controlled work environment?
(if yes, you will not be accepted to camp for 10 days after contact unless fully vaccinated.)

RELEASE AND INDEMNIFICATION

WHEREAS, the Catholic Schools of Fairbanks consents and agrees to allow me or my minor child to participate in athletic activities and I agree to abide by the policies and procedures established by the school with guidance from local medical professionals.

WHEREAS, I have been made aware that a person may be infected with COVID-19 or other infectious disease without displaying symptoms.

WHEREAS, I have been made aware that participation in close contact athletic activities may create a higher risk of transmission of COVID-19 or other infectious disease.

NOW, THEREFORE, and in consideration for the premises and mutual promises, covenants and agreements set forth in this release, I, the undersigned individual agrees that Catholic Schools of Fairbanks shall not be liable or responsible, and shall be saved, held harmless, released and indemnified from and against any and all suits, actions, losses, damages, costs or liability of any type, character or description, including but not limited to all expenses associated with litigation, court costs, and attorney fees for injury or death to any person, arising out of, or occasioned by, directly or indirectly, the participation of the undersigned party or their minor child in athletic activities at or associated with Catholic Schools of Fairbanks.

In executing this agreement I, the undersigned person, rely wholly upon my judgment, belief and knowledge of the inherent risk of participating in this program and has willingly and freely assumed the risk thereof.

Participant Name: _____ Participant Signature(If Over 18): _____ Date: _____

Parent or Guardian Name/Signature (For Participant Under 18): _____ Date: _____