

**WEAG KIDS and STUDENT MINISTRIES  
COVID-19 PARENT ACKNOWLEDGMENT and DISCLOSURE**

**Please read and initial each statement below:**

1. \_\_\_\_\_ I understand that during this COVID-19 situation, I will not be permitted to enter the Kids and Student Ministries classrooms beyond the designated drop-off and pick-up area unless I am a volunteer in the class. I understand that this is for the safety of all persons present and to limit everyone's risk of exposure. I understand that it is my responsibility to inform any other persons dropping off or picking up my child of the information contained herein.
2. \_\_\_\_\_ I understand that if there is a situation requiring me to enter the classroom beyond the designated drop-off and pick-up area, I must wear a mask and practice social distancing.
3. \_\_\_\_\_ I understand that to attend WEAG's Kids and Student Ministries programming, my child must be free from all COVID-19 symptoms. If, during the duration of the service/class my child should show any of the following symptoms, he/she will be taken out of class, I will be contacted, and my child must be picked up immediately. Symptoms include: Fever of 100.4 degrees Fahrenheit or higher, Dry Cough, Chills, Sore Throat, Shortness of Breath, Loss of Taste or Smell, Congestion or Runny Nose, Nausea or Vomiting, Diarrhea, Muscle Aches

\*While we understand that many of these symptoms can also be related to non-COVID-19 sicknesses, we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to WEAG Kids and Student Ministries.

4. \_\_\_\_\_ I understand that my child will be required to sanitize their hands, get their temperature checked, and verbally acknowledge that they are symptom free before entering the classroom.
5. \_\_\_\_\_ I will immediately notify Lisa Eggert, WEAG Family Ministries Pastor, if my child (or someone in our family) test positive for COVID-19.
6. \_\_\_\_\_ I understand that while present in WEAG Kids and Student Ministries, my child will be in contact with other children, families, and WEAG staff and volunteers who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19, and I will not hold WEAG responsible for any sickness that my child may contract.
7. \_\_\_\_\_ I understand that I play a crucial role in keeping everyone at West End Assembly of God Church safe and that I can reduce the risk of exposure by keeping my child home if he/she is sick and by following the practices outlined herein.

By signing below, I certify that I have read, understand, and agree to comply with the provisions listed herein.

All children's names (under 18 years of age): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_