

September, 2021

Dear Religious Education Families;

As we prepare for the start of the 21-22 parish program and ministry year, we have two forms that need to be completed for children before returning to the parish campus. All families must sign the forms before your child may attend OUR LADY QIEEN OF PEACE. Each of these forms can be reviewed and submitted by in person the first day your child attends class in person.

The **Assumption of Risk Statement** outlines the fact that the COVID pandemic remains a significant threat to the health and welfare of all. This is not a waiver nor are you being asked to release any claim. Rather the purpose of this document is to ensure all those planning to attend in person activities at OLQP campus, understand and appreciate the seriousness of the virus. It also specifically is reminding all of their individual and collective responsibility to follow the prescribed protocols in order to enhance the health and welfare of all in attendance. You will sign to acknowledge your understanding and acknowledgement of the contents of the letter. A single letter with each child's name listed, may be submitted for each family.

The **Acknowledgement Agreement** outlines requirements for attendance in person to ensure the safety and well-being of all children, employees and volunteers. Parents by initialing throughout the document are signifying their agreement to comply with those protocols put into place by the parish. This form must be completed and returned prior to your child commencing participating in parish activities at the parish campus. A single letter with each child's name listed, may be submitted for each family.

Please note that your child will not be permitted to attend until both of these forms are signed and submitted by September 26, 2021 or the first time they attend in person after that date. Please reach out to the parish office with your questions and concerns. Thank you for your partnership in ensuring the health and safety of our entire parish family.

Sincerely,

Kathy Shadrach  
Debbie Boblitz  
Directors of Religious Education

## ***OUR LADY QUEEN OF PEACE***

Dear Parents and Guardians

During these times of the novel coronavirus and the it variants, we here at **OUR LADY QUEEN OF PEACE** have been actively planning and working toward offering our in-person parish ministries and programs, with needed precautions and measures in place that are consistent with applicable public health restrictions and guidance. Although challenges created by the coronavirus and particularly the variants continue to develop and change almost daily and much remains uncertain, we are certain of the following:

1. The health, safety, and welfare of every member of the Parish community is our highest priority.
2. Medical knowledge regarding COVID-19 and the variants continues to evolve, but COVID-19 is reported to be extremely contagious and is believed to spread primarily through person-to-person contact, possibly even in the air. The exact ability of the virus and its variants to spread, and to cause infections continue to evolve and change. Treatments for the virus have improved and what are reported as highly effective vaccines have been developed. However, not all individuals are currently eligible for the vaccine due to age restrictions. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and/or death.
3. The measures we take to protect the Parish community from COVID-19 will continue to be informed by the most up-to-date advice from federal, state, and local public health officials.
4. Even with the precautions and measures we implement, no one, including the Parish, can guarantee an environment without risk of the spread of COVID-19. It is simply not possible to do so. For more information about the nature of the virus, please visit <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>.
5. In addition, minimizing the risk of COVID-19 and its variants spread or spread of any other disease is a shared responsibility. All members of the Parish community, including you and your child, must do their part. In addition to basic hand hygiene (frequent washing and sanitizing) and respiratory etiquette (not coughing into one's hand or in close proximity to others), this includes adhering to any measures that the Parish **may** deem as appropriate and implement, such as temperature checks, social distancing, wearing cloth face coverings, isolating or quarantining away from the Parish when required, and other precautionary measures. Your child's compliance is necessary not only for the safety of your child but also for the safety of others. Individuals should not enter the Parish campus if they have a fever or are exhibiting symptoms of COVID-19 or any other transmittal illness. For more information about symptoms, please visit <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

6. If your child has any disability you think may require accommodations related to COVID-19 or if your child, because of underlying medical conditions, may be at increased risk, you should contact the parish office to discuss further.
7. If your child enters the Parish campus, there is an inherent risk that your child could be exposed to and contract COVID-19. By allowing your student to enter the Parish campus, you indicate your acknowledgement of and agreement to accept and assume this risk on behalf of your child.

In the meantime, we encourage everyone to stay safe and pray for those affected by this continuing pandemic. We kindly ask that you and your child sign and date where provided to indicate your understanding and acknowledgement of the contents of this letter. In signing below, you merely acknowledge that you have received and reviewed this document and that you understand the inherent risks associated with COVID-19 to your child while your child is present on the Parish campus.

Sincerely,

Kathy Shadrach & Debbie Boblitz

By my signature below, I acknowledge I have received the above warnings regarding the risks to my child of exposure to and contraction of COVID-19 or variants while my child is present on the Parish campus. I further acknowledge and agree that by allowing my student to be present on the Parish campus and attend the Parish activities and ministries, I have assumed those risks on behalf of my child.

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Name of Parent/Guardian (printed) Signature	Date
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Name of Student (printed)	Signature	Date
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Name of Student (printed)	Signature	Date
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Name of Student (printed)	Signature	Date
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Name of Student (printed)	Signature	Date
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**OUR LADY QUEEN OF PEACE**  
**Parent Acknowledgement and Agreement Regarding COVID-19 Protocols**

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ will follow OUR LADY QUEEN OF PEACE requirements for in-person attendance. This includes any activities and events as permitted in addition to the normal parish hours.

1. \_\_\_ I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein. I understand and agree that my child and I will comply with any other policies, procedures, guidelines, and rules that OLQP may deem appropriate to prevent the spread of COVID-19, related variants or other communicable diseases at its facility. Note, this provision **does not** contemplate requiring mandated vaccinations for your child.
2. \_\_\_ I understand I **MAY** be prohibited from to entering the OLQP facility beyond the designated drop-off and pick-up area (except for emergency situations as contemplated below). I understand that **IF** this procedure if enacted at my child's parish it is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein and that they cannot pick up my child unless they also have signed this form.
3. \_\_\_ I understand that **IF** there is an emergency requiring me to enter the OLQP facility beyond the designated drop-off and pick-up area I **MAY** be required to wash/sanitize my hands before entering and **MAY** be required to wear a mask at all times. While in the facility, I **MAY** be required to practice social distancing and remain at least six (6) feet away from all other people, except for my own child.
4. \_\_\_ I understand that in order to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated away from the rest of the students and people located in the facility. I will be contacted by staff as soon as possible, and my child **MUST** be picked up from the facility within thirty (30) minutes of being notified (or as soon as reasonably possible).

**Symptoms include but are not limited to: Cough, Shortness of Breath, Chills, Muscle aches, Headache, Sore Throat, Loss of taste or smell, Diarrhea, Fever of 100.4 degrees Fahrenheit or higher.**

**Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this public health emergency. These symptoms typically appear two (2) to seven (7) days after being infected, so please take them seriously.**

5. \_\_\_ I understand and agree that I am responsible for reporting to OUR LADY QUEEN OF PEACE if my child, my Emergency Contacts, or I have been diagnosed with COVID-19, have symptoms of COVID-19, or otherwise have reason to believe they or I have contracted COVID-19. I further understand and agree that any child, emergency contact, or parent/guardian who has been diagnosed with COVID-19 or has been exposed to COVID-19 wants to enter OLQP before completing the required period isolation or quarantine must present the designated administrator with a medical professional's certification of good health that clears the individual for return. The medical certificate will be forwarded to Directors of Religious Education, who will consult with OUR LADY QUEEN OF PEACE administration regarding whether the individual is able to enter the facility prior to completion of the required quarantine period.
6. \_\_\_ I agree **if required by the parish** to wear a mask at all times while dropping off and picking up my child (ren) until notified otherwise by OLQP. This applies to whether while in or out of my vehicle.
7. \_\_\_ I understand that I **MAY** be required to complete a wellness screening questionnaire for my child (ren) prior to their entering the facility. I understand **IF** such a screening is required and I fail to complete this questionnaire, I will be required to complete the questionnaire prior to leaving the parish's premises.

8. \_\_\_ I understand that my child will be required to wash their hands using Centers for Disease Control and Prevention-recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least twenty (20) seconds.
9. \_\_\_ I understand the importance of complying with state, county or local stay-at-home orders and social distancing guidelines, even when outside of the care of the parish, in order to control my own and my child's exposure in the local community.
10. \_\_\_ I will immediately notify OUR LADY QUEEN OF PEACE administration if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above within the last ten (10) days, am advised to self-isolate, quarantine, has tested positive, is pending a test result or is presumed positive for COVID-19.
11. \_\_\_ I acknowledge and agree that if my child is diagnosed with COVID-19, OUR LADY QUEEN OF PEACE may be required to notify the County Health Department and possibly the Maryland Department of Health.

**I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by OUR LADY QUEEN OF PEACE may result in termination of all OUR LADY QUEEN OF PEACE permitting my child(ren) to attend in-person programs and ministries. I acknowledge that enrollment of my child (ren) may be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.**

**I certify below that I have read, understand, and voluntarily agree to comply with the provisions listed herein**

Child Name: \_\_\_\_\_ Grade: \_\_\_ Date of Birth: \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade: \_\_\_ Date of Birth: \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade: \_\_\_ Date of Birth: \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade: \_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Printed Name: \_\_\_\_\_

Parents/Guardians are responsible for sharing the agreement with the Emergency Contact listed above.