



Seymour Heights *Family Ministry*

Wellness Policy and Agreement

- I agree to not bring my child to any Family Ministry services or events if they (or any one in my house) has had the following symptoms in the past week:
 - Fever at or above 100.4
 - Runny Nose
 - Cough
 - Diarrhea
 - Rash on toes or face
- I understand that if my child should exhibit these symptoms while present at SHCC, I will be notified and my child will have to be checked out of Family Ministry services or activities.
- I understand that though SHCC is using best practices to prevent the spread of COVID-19 and other illnesses it is still possible my child could get sick. I will not hold SHCC liable for any sickness my child gets after being in Family Ministry areas.

Parent Name: _____

Parent Signature: _____

Name of Child: _____

Date: _____