

Child's Name: Date:

MWYMCA Program Screening

Please bring this completed form to the MWYMCA program on your child's first day of the program each week.

Important: This screening form will be completed prior to the first day of each week and the questions will be reviewed each day by the staff person conducting the health check. If unable to attest to these statements, your child will be unable to attend and a return to MWYMCA program plan will be coordinated with the Executive Director.

Everyone is susceptible to contracting COVID-19 upon exposure. Currently, there is no cure available to prevent contracting COVID-19. Proper sanitation practices, wearing facial coverings, avoiding contact with infected persons, and self-quarantine at the onset of symptoms are the most effective ways to prevent contraction and spread within the community. These are critical policies that when practiced by our entire MWYMCA community, limit the risk to exposure of COVID-19 and help to keep each other and loved ones safe.

In order for your child to attend MWYMCA programs, the following statements must be true and your initials indicate that they are. You will be asked these statements during check in each day.

1. My child has not been around anyone with any of the symptoms listed below, diagnosis of COVID19 in the past 14 days, or is currently quarantining due to a close contact with someone with COVID-19. Initial

2. My family is following the current Vermont State Travel Guidelines and my child has not traveled outside of Vermont, whether for a day trip or longer in the past 14 days. If so, they have quarantined for the 14 days prior to the program; or have quarantined for 7 days followed by a negative test for COVID19. <https://accd.vermont.gov/covid-19/restart/cross-state-travel> (date of test). Initial

3. My family is adhering to the current Vermont State Guidelines on gatherings. <https://www.healthvermont.gov/covid-19> Initial:

4. My child and our family have adhered to Vermont guidelines regarding COVID19. Initial:

5. I have read the State of Vermont Return to Child Care Program Following Illness document and am adhering to the guidelines outline within. - <https://www.healthvermont.gov> Initial:

If your child has had any of the following symptoms in the past 48 hours they cannot attend MWYMCA programs. Please call the site phone to report their absence and follow up with the main office for a return to care plan.

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| fever (temperature higher than 100.3°) | cough | chills |
| shortness of breath or difficulty breathing | muscle or body aches | headache |
| new loss of taste or smell | sore throat | fatigue |
| congestion or runny nose | diarrhea | nausea or vomiting |
- other signs of illness

By signing below, I hereby state I have no knowledge of my child exhibiting any of the symptoms listed above within the past 48 hours. I also acknowledge that if Meeting Waters YMCA staff notice my child displaying any of the above symptoms, I or another emergency contact will be available to pick up my child from the MWYMCA program within one hour of being contacted.

Signature: _____ Print Name: _____

Date: _____ Relationship to child: _____

**This information abides by all Meeting Waters YMCA confidentiality policies.