



Safety 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 FMRCC, I will be notified, and my child will have to be checked out of Family Ministry services or activities.

• I understand that though FMRCC 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 FMRCC liable for any sickness my child gets after being in Family Ministry areas.

Parent Name: _____

Parent Signature: _____

Name of Child: _____

Date: ____/____/____