

**Township of Lower Merion  
Parks and Recreation**

**COVID-19 Parent/Guardian Agreement**

This form must be completed and on file with the Township of Lower Merion’s Parks and Recreation Department in order for your child to attend camp.

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
agree to follow the guidelines listed below:

- I will follow the requirements for in-person attendance for Summer Playground Activities Camp.
- I will check my child for symptoms of illness every day before he/she attends camp. Signs and Symptoms of COVID-19 include:
  - New onset cough or shortness of breath, difficulty breathing, new loss of taste or smell **OR at least 2 of the following:**
    - Fever of 100.4 or higher
    - Chills
    - Shivering
    - Muscle aches
    - Sore throat
    - Headache
    - Nausea or vomiting
    - Diarrhea
    - Fatigue
    - Runny nose
    - Congestion
- I will notify the Parks and Recreation Department as soon as I am made aware that my child has tested positive for COVID-19 or has been exposed to a person who is confirmed to have COVID-19 or is awaiting test results. I will not send my child to camp if any of these apply.
- I will not send my child to camp if he/she is exhibiting any signs/symptoms of COVID-19, have been in close contact with someone positive with or with symptoms of COVID-19 in the past 14 days. If my child becomes ill during the school day, I will have a plan to ensure he/she is picked up **WITHIN ONE HOUR**.
- I agree to comply with recommended quarantine or isolation as directed by the parks and recreation department and/or the local health department.
- I agree to provide the parks and recreation department with accurate phone numbers for myself and emergency contacts in case my child needs to be sent home.

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_