

Town of Rothesay Agreement Form

Summer Day Camp Programs

As the parent/guardian of the participants listed on the registration form I have read the information provided below and I agree to these terms listed in order to assist in the prevention of spreading COVID-19.

About COVID-19

Coronaviruses are a large family of viruses. Novel coronaviruses are new strains of the virus that have not been previously identified in humans. There is evidence that this virus can be spread person-to-person.

At this time, it appears the virus is transmitted by larger droplets, like from a cough or sneeze. Current evidence indicates it is not airborne through long distances or times.

Symptoms for the novel coronavirus are mostly similar to those for influenza or other respiratory illnesses. They can range from mild to moderate and can include fever/feverish, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell. Symptoms can sometimes lead to severe illnesses.

The Summer Day Camp Programs are Strictly Excluding of:

- Children or staff who are sick with 2 or more of the following symptoms: fever or signs of fever, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell
OR
- a child displaying purple fingers or toes even as the only symptom.

If either of the above criteria is met, those who are sick **must stay home**, contact 811, and cannot return until fully recovered. If tested, Public Health will inform the individual or parent (when a child is involved) when isolation may be lifted.

The Summer Day Camp Programs will also exclude:

- Any person or household member who had close contact (face to face contact within 2 meters) with a confirmed case of COVID-19 within the last 14 days.
 - Any person or household member who has returned from travel outside of New Brunswick within the last 14 days.
 - Any person or household member who has been diagnosed with COVID-19 or are waiting to hear the results of a lab test for COVID-19.
 - Any person or household member who may have been exposed to COVID-19 in the last 14 days.
 - Any person or household member who have been told by public health that you may have been exposed to COVID-19.
- *Note: Children or staff who have been identified as having seasonal allergies or who suffer from chronic runny nose/nasal congestion are not required to be excluded.*

Sign-In & Pick-Up

Due to COVID-19 this is NOT a drop-off program, child(ren) must be registered for the week. We encourage you to select one adult per family to be responsible for the drop-off and pick-up of the child(ren) at the facility. Parents/Guardians must stay for sign-in. For the Bill McGuire Facility, please use the left main entrance for child(ren) registered in Group A and the right side entrance for child(ren) registered in Group B. Please stay in a single file line and 2 meters away from others as we work to pre-screen and sign-in participants. Participants will not be allowed to stay if they do not pass the pre-screening and will have to go home immediately. Payment must be already received ahead of time and cannot be processed at the facility.

No visitors will be allowed in the buildings.

Responses to an Outbreak

- Child(ren) who do not pass the pre-screening will be sent home immediately.
- Child(ren) who display symptoms during the program will be placed in supervised isolation until a parent/guardian can come to pick them up. You will be notified immediately by phone if your child(ren) need to be picked up and must pick them up within an hour. We encourage you to pack a community face mask with your child(ren)'s belongings in case of such an event. The facility will be cleaned and disinfected once the child with suspected symptoms is picked up.
- If a child of the day camp tests positive for COVID-19, Public Health will be contacted and will identify who the close contacts are and manage the outbreak with respect to Public Health measures and communication.

Parental/Guardian Role

As the parent/guardian of the child(ren), I am aware that my actions play a critical role in reducing the risk of infectious disease transmission in the facility. I will continue to monitor my child(ren) for symptoms and follow recommendations from Public Health.

I will not send my child(ren) to the Summer Day Camp Programs should they develop 2 or more of the following symptoms: fever or signs of fever, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell OR displaying purple fingers or toes even as the only symptom.

I have reviewed and understand all the rules and regulations listed above that have been set forth by the town of Rothesay for the Summer Day Camp Programs, and pledge to follow them. Failure to comply may result in termination of my child(ren)'s participation in the program.

Name of Child(ren): _____

Name of Parent(s)/Guardian(s): _____

Signature(s): _____ Date: _____