

Holy Family Catholic Church

9800 Baymeadows Road

Jacksonville, FL 32256

904-641-5838

Employee, Volunteer, and Student Safety in Religious Education due to Covid 19

Classrooms, restrooms, common areas

Prior to student arrival, each space to be used for religious education will be disinfected in the same way the parish disinfects its worship space. This would include all surfaces, door handles, desks. The same protocol will occur after each classroom session in preparation for either the next set of classes or for the next parish group utilizing the facility.

It would be a best practice for student textbooks to remain at the parish in a plastic bag for the student to use each week, rather than sending them home. Common materials since as markers, crayons, etc should also be individually packaged to be used only by one child.

Social Distancing

Social distancing has been proven to be an effective way to prevent potential infection. Employees, volunteers, and parents should stay within the Center for Disease Control (CDC) recommended distance of at least 3 - 4 feet from one another and eliminate any contact with one another whenever possible. If children/youth regularly switch classrooms, the catechist should move and not the students.

Visitor Restrictions

The religious education policies of the Diocese of St. Augustine do not allow for visitors to the classroom unless they are an invited speaker who has been fully vetted. At this time, visitors should be limited and admitted with same protocols as employees and regular volunteers. All must wear masks.

Employee and Volunteer Screening and Protocols

To help prevent the spread of Covid-19 and to reduce the risk of exposure to all on our parish campuses, we will require those coming to volunteer for religious education to self-screen with the following symptoms:

Cough

Shortness of breath or difficulty breathing

Chills

Muscle pain

Headache

Sore throat

Loss of taste or smell

Diarrhea
Fever of 100.4 or above
Known contact with a person who is lab confirmed to have COVID-19
A person who has traveled outside the area over the last two weeks.

The temperature of all volunteers will be taken prior to their entry into the buildings. This will be done with a contactless infrared forehead thermometer. Adults or teens with a temperature of 100.4 or above will not be admitted and will need to be sent back home. If a diagnosis of Covid 19 is made, this person cannot return for a 2 week quarantine period.

All staff and volunteers will wear masks, except if they are presenting the lesson.

Students

To help prevent the spread of Covid-19 and to reduce the risk of exposure to all on our parish campuses, we will require those coming for religious education classes to self-screen with the following symptoms:

Cough
Shortness of breath or difficulty breathing
Chills
Muscle pain
Headache
Sore throat
Loss of taste or smell
Diarrhea
Fever of 100.4 or above
Known contact with a person who is lab confirmed to have COVID-19
A person who has traveled outside the area over the last two weeks.

It would be a best practice to have this information on your registration forms as well as on large display posters at the entrance of your building (s).

The temperature of all students will be taken prior to their entry into the buildings. This will be done with a contactless infrared forehead thermometer. Children with a temperature of 100.4 or above will immediately be quarantined until a parent can pick them up. It is a best practice to ask parents to wait until screening is completed before they exit the parking lot.

Regarding carpooling to and from religious education: caution should be strongly recommended on this practice, but it is up to the parent to discern the safety of this practice for their children.

Restroom breaks should be discouraged. Most class sessions are no more than 90 minutes.

Assumption of Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly through person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Holy Family has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending programs offered by the parish and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the parish may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, coaches, volunteers, and program participants and their families.

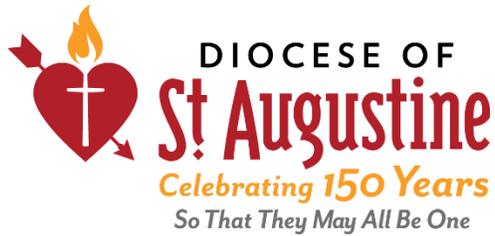
I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at any parish sponsored programming (“claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Holy Family and the Diocese of St. Augustine, and all of their current, former, and future agents, representatives, religious and employees and related entities (collectively, “the Diocese”) of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Diocese, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any parish program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Student



Diocese of St. Augustine

Catholic Center

11625 Old St. Augustine Road

Jacksonville, Florida 32258

(904) 262-3200

Child Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of St. Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Child's Name (Printed): _____

Parent or Guardian Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Date: _____

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Adult Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs taken of me. These photographs may be used for news and editorial purposes in publications, electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Name (Printed): _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Date: _____