


Self-Health Assessment Acknowledgment

The parent and/or guardian of the student submitting this form, agrees to perform a daily self-health assessment prior to sending their son and/or daughter to a PATHworks! activity. By agreeing to this, the parent and/or guardian agrees to check daily their son and/or daughter's:

- General health and overall well-being
- Temperature above 100.4 degrees
- Cough
- Shortness of Breath
- Persistent Pain in the Chest

If the parent and/or guardian determines that their son and/or daughter is displaying any of these symptoms or is feeling unwell, they will keep their son and/or daughter home and will not attend any future scheduled activities until such time that they are not showing any symptoms. Furthermore, when arriving at their scheduled activity, I agree to allow the PATHworks! staff to ask my son and/or daughter if they completed this daily health assessment. If the student has not completed the self-assessment, they will be sent home immediately.

Finally, I understand that my son and/or daughter is always required to socially distance as able and wear a face covering. We will provide periodic mask breaks outside of the PATHworks! facilities regularly, and as requested. We will also provide hand sanitizer and encourage frequent hand washing with soap and water. Our facilities are cleaned professionally monthly and we follow the CDC and Department of Public Health Ohio and Summit County recommendations for cleaning of tables and other high-touch surfaces (doorknobs, light switches) daily.

Student Name

Parent Name (Print)

Parent Signature

Date