



Questions?

Call Education Manager Meaghan Anderson
at (360) 956-0818 ext. 162

Hands On Education Programs Health Screening and COVID-19 Waiver

Waiver

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is a very contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and visitors with underlying medical conditions are especially vulnerable.

I understand that I voluntarily assume all risks related to exposure to COVID-19

Health Screening Agreement

Each day upon arrival at the Museum, you will be asked to fill out our health screening questionnaire:

1) Does your child currently have any of the following symptoms? Have they had any of the following symptoms in the last 72 hours?

- A cough
- Shortness of breath or difficulty breathing
- A fever of 100.4°F or higher or a sense of having a fever
- A sore throat
- Chills
- New loss of taste or smell
- Muscle or body aches
- Headache
- Nausea/vomiting/diarrhea
- Congestion/running nose – not related to seasonal allergies
- Unusual fatigue

2) Does anyone in your household have any of the above symptoms?

3) Has anyone in your household been in close contact with anyone with suspected or confirmed COVID-19?

4) Has your child had any medication to reduce a fever before coming to care?

If you answer yes to any of the questions above, we cannot care for your child. Your child may return to the program when:

- At least 3 days (72 hours) have passed since recovery – defined as no fever without the use of medications and improvement in respiratory signs like cough and shortness of breath; AND
- At least 10 days have passed since signs first showed up. OR
- It has been at least 3 days (72 hours) since recovery AND your child has a negative rapid antigen test.

If you believe your child has had close contact to someone with COVID-19, but they are not sick, watch their health for signs of fever, cough, shortness of breath, and other COVID-19 symptoms during the 10 days after the last day they were in close contact with the sick person with COVID-19.

I agree to answer the above statements each day upon arrival at the Museum. I agree to keep my child at home and understand that they will not be admitted to the Museum if any of the symptoms or conditions above are present.

Signature: _____

Date: _____

Child's Name: _____