



Strong Foundations Matter

## Safety Agreement Form Relating to Coronavirus/COVID-19

While present for Together4Children's in-person training activities, I commit myself to following this agreement out of respect and concern for the health and safety of others:

I will not attend in-person training activities if I have shown signs of illness, especially the following:

- a. Cough
- b. Shortness of breath or difficulty breathing
- c. Chills
- d. Repeated shaking with chills
- e. Muscle pain
- f. Headache
- g. Sore throat
- h. Loss of taste or smell
- i. Diarrhea
- j. Feeling feverish or temperature greater than or equal to 100.0 degrees Fahrenheit
- k. Known close contact with a person who is lab confirmed to have COVID-19

I will do everything in my power to maintain 6 feet between myself and people not from my own household.

I will wear a mask at all times at the training site. I understand this lowers the risk of spreading my germs to others.

I will wash and/or sanitize my hands frequently.

I will refrain from sharing food with people not from my household.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_