



## ETCG Safety and Health Policy:

At ETCG, we want to ensure the safety and health of all our students and staff. If your child displays any of the symptoms listed below, please do not bring him/her to class. If a child displaying any of the below symptoms arrives at the gym, ETCG staff will ask the child's guardian to please leave and return when the student is healthy. If the coach realizes the extent of the child's illness after the class starts, he/she will move the child to another location in the gym, away from the other students. If possible, the coach will contact the guardian to pick up the child. Please do not argue with staff members, they are looking out for your child and everyone else in the building. They have the final decision.

- A temperature greater than 100.0 (even if you give your child medication to lower the fever do **not** bring them)
- Diarrhea, runny, watery, or bloody stools
- Vomiting in the last 24-hour period. Note: please do not bring your child if he/she has vomited in the night.
- Breathing trouble, sore throat, swollen glands, loss of voice, runny nose, hacking or continuous coughing.
- Pink or red irritated, itching eyes with discharge or crusting on eyelids or lashes.
- Frequent scratching of body or scalp, lice, rash, or any other spots that resemble childhood diseases, including ringworm.
- Child is irritable, continuously crying, or requires more attention than we can provide without hurting the health, safety or well-being of the other children in our care.
- Headache worse than their usual headache
- Body aches (Not related to working out)
- Should the student be diagnosed with a communicable illness (anything more severe than the common cold) please notify the gym immediately so we can begin the decontamination process.
- If your child is diagnosed with COVID-19 we must follow current CDC guidelines which are: At least 7 days have passed since symptoms first appeared **AND** at least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms (e.g., cough, shortness

of breath); minimum of 10 days have passed and no symptoms remain, you may return on day 11. **A doctor's release will be required to return to the gym.**

- If your child is diagnosed with the seasonal FLU we will be treating this with the same precautions as COVID-19, therefore, the same restrictions apply and must be met before returning to the gym. At least 7 days have passed since symptoms first appeared **AND** at least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms (e.g., cough, shortness of breath); minimum of 10 days have passed and no symptoms remain, you may return on day 11. **A doctor's release will be required to return to the gym.**
- If you feel healthy but recently had close contact with a person with COVID-19, a member of your household has tested positive for COVID-19, or you have recently traveled from somewhere outside the U.S. or on a cruise ship or river boat, the CDC recommends you Self-Quarantine for 14 days. If you have no symptoms at the end of the 14 days you may return to the gym.
- Remember if your child is too sick to attend school, he/she is too sick to attend gymnastics/cheer.

Your cooperation on this issue is extremely important. Sick children expose all children and staff members with whom they come in contact. Remember others (staff and team members) may have family at home with a weakened immune system making them more susceptible. In order to keep our gym open and safe for your child, please do not bring your child if you think he/she may be sick. Please help keep all our students healthy.

We reserve the right to update and change this policy.

Please read the Health and Safety policy carefully to ensure that you understand the policy before signing this document.

### **Safety and Health Policy Acknowledgment**

I have read and been informed about the content, requirements, and expectations of the Health and Safety policy for families and employees at ETCG.

I have received a copy of the policy and agree to abide by the policy guidelines.

I understand that if I have questions, at any time, regarding this policy, I will consult with ETCG staff members.

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

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

Received By: \_\_\_\_\_

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