



**Abby Community School Society**  
P208 - 33355 Bevan Way, Abbotsford, BC V2S 0E7  
Phone: 604-853-2221  
[www.abbycommunity.com](http://www.abbycommunity.com)

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Dear Guardians/Parents,

We are putting the following measures in place under the direction of the Health Minister and Fraser Health. In order to ensure the health and safety of your child, other children and staff, you are being asked to complete the daily health check every day that your child attends our Abby Community School Society program.

If your child shows any of the symptoms in the table below while in care at the Abby Community School Society, you or an alternate pick-up person will be called to pick-up your child no longer than one hour after the we have made contact with you.

If your child shows any of the symptoms, your child is required to stay at home until they are symptom free. Based on the severity of the symptoms, we may ask that your child self-isolate from the program for a minimum period of 10 days.

Also, if your child has been in contact with anyone who may have Covid19 or has travelled outside of the country in the past 14 days, then the Ministry of Health recommends that you self-isolate and monitor the symptoms for a minimum of 10 days. In order to minimize the risk of exposure to other children and staff, your child must stay home until the isolation period is complete, and they are symptom free.

Please bring a filled out “Daily Health Check Slip” every morning to the camp. It is your ticket into our camps and your child will not be allowed to attend camp until we have received the slip from you!

Thank-you for your understanding and cooperation!

ACSS Staff

**Please fill out and bring to camp every morning. This is your ticket into camp!**

Fever	Sneezing	Disorientation	Fatigue Exhaustion	Abdominal Pain	Chills
Cough	Diarrhea	Congestion	Difficulty Breathing	Sore Throat	Vomiting

I certify that my child does not have any of the above symptoms, has not been in contact with anyone who may have Covid19, and has not travelled outside of the country in the past 14 days.

Child Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

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