

Abby Community School Society

P208 - 33355 Bevan Way, Abbotsford, BC V2S 0E7 Phone: 604-853-2221

www.abbycommunity.com

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

ild Name: Parent/Guardian Name:			Parent/Guardia	n Name:	
Date:			Parent/Guardia	n Signature:	
	Please fill out	and bring to cam	p every morning. This i	s your ticket into car	mp!
Fever	Sneezing	Disorientation	Fatigue Exhaustion	Abdominal Pain	Chills
Cough	Diarrhea	Congestion	Difficulty Breathing	Sore Throat	Vomiting
			Parent/Guardia	n Name:	
			rareing duardia		
	Please fill out	and bring to cam	p every morning. This i	s your ticket into car	mp!
Fever	Please fill out Sneezing	and bring to cam Disorientation	p every morning. This i Fatigue Exhaustion	s your ticket into car Abdominal Pain	mp! Chills
			-	-	
Fever Cough certify that	Sneezing Diarrhea my child does	Disorientation Congestion not have any of th	Fatigue Exhaustion	Abdominal Pain Sore Throat s not been in contact	Chills Vomiting
Fever Cough I certify that I who may hav	Sneezing Diarrhea my child does ve Covid19, an	Disorientation Congestion not have any of th	Fatigue Exhaustion Difficulty Breathing ne above symptoms, had outside of the country	Abdominal Pain Sore Throat s not been in contact	Chills Vomiting with anyone

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

hild Name:_			Parent/Guardia	n Name:	
vate:			Parent/Guardia	n Signature:	
	Please fill out	and bring to cam	p every morning. This i	is your ticket into car	mp!
Fever	Please fill out	and bring to cam	p every morning. This i Fatigue Exhaustion	is your ticket into car	np! Chills
	1	_		· 	
Fever Cough certify that	Sneezing Diarrhea my child does	Disorientation Congestion not have any of the	Fatigue Exhaustion	Abdominal Pain Sore Throat s not been in contact	Chills Vomiting
Fever Cough certify that who may have	Sneezing Diarrhea my child does re Covid19, an	Disorientation Congestion not have any of the	Fatigue Exhaustion Difficulty Breathing ne above symptoms, had outside of the country	Abdominal Pain Sore Throat s not been in contact	Chills Vomiting with anyone