

Beth Meyer Synagogue Screening Questions and Participation Permission Form

Have you or your child been in close contact with a confirmed COVID-19 case within the last 14 days? _____

Are you or your child experiencing a cough, shortness of breath, or sore throat in the last 14 days? _____

Have you or your child had a fever in the last 48 hours? _____

Has your child experienced vomiting or diarrhea in the last 48 hours? _____

I, _____ give permission for my child to attend this in-person event at Beth Meyer Synagogue, knowing the risk involved.

I, _____ agree to follow all the protocol that Beth Meyer Synagogue has asked me to follow in order to participate in this event.

I have read and discussed these guidelines with my child and agree to follow them at USY, Kadima, and Mahar/ Nitzanim programs:

_____ (Signature)

_____ (Print Name)

_____ (Relationship to Participant)

_____ (Child's Signature)

_____ (Date)