



# ARCHDIOCESE OF INDIANAPOLIS

## STUDENT HEALTH AND SAFETY PLAN

2020 – 2021

June 16, 2020

### **Catholic Schools in the Archdiocese of Indianapolis believe:**

- in fostering positive relationships that exemplify the love of God;
- that Catholic school communities are enriched by the unique image and likeness of God that is present in each individual;
- that formation best occurs within faith-filled cultures of learning that are inclusive;
- that parents are the primary educators of each young person and that it is the responsibility of Catholic schools to support the domestic church;
- that Catholic schools are part of the evangelizing mission of the Church, forming disciples through the intentional integration of faith, culture, and life; and
- that “excellence” is defined by and achieved through the growth and holistic development – spiritual, intellectual/academic, social, emotional, and physical – of the individual within the context of community.

The best way in which Catholic schools can practice these beliefs is by operating Catholic school ministry and its extra-curricular activities in their preferred form – in person – whenever possible. Therefore, as early as July 1, 2020, Catholic school ministry and its extra-curricular activities will resume with new health and safety precautions in place, unless there is a resurgence of the pandemic and/or canonical and/or civil authorities require(s) closure.

The Catholic school will take every precaution possible to protect students and adults. Heightened protocols related to cleaning and sanitization are in place. Expectations of proper handwashing, physical distancing to the extent possible, and minimal sharing of resources to the extent possible will be enforced. Guidance from IDOE, CDC, and local authorities will be employed as best fits our Catholic school community as determined by administration. A more comprehensive plan is available for athletics at: <https://scecina.org/athletics/athleticreopening/>.

### **For a student to be enrolled and to participate in Catholic school ministry and any of its extra-curricular activities, each parent/guardian with custodial rights must acknowledge and agree to the following criteria for participation:**

1. My child is in good physical and mental health and does not have any physical or mental conditions, which could affect my child’s ability to participate in Catholic school ministry and its extra-curricular activities. I have medical insurance coverage appropriate for my child’s participation and have provided evidence of such insurance coverage and emergency contact information to the School.

2. I understand that the School will make every reasonable effort to provide a safe environment, including specific measures to guard against the spread of a contagion such as Covid-19. I accept that no matter the precautions taken by the School there is no way to fully assure that such measures will be successful in preventing injury, exposure to a contagion, or illness. I understand that by allowing my child to participate in Catholic school ministry and its extra-curricular activities, there is some assumed risk on behalf of students and their parents.
3. I will provide my student the necessary equipment, resources, and supports needed for participation. These needed materials will be communicated by the teacher(s), coach(es), and/or moderator(s). I will also reinforce to my student the need to maintain all expected protocols related to his/her health and that of others.
4. I understand that parish and school leaders, united in the mission of the Catholic Church, work collaboratively to make sure shared spaces are as safe and secure as possible for participants in all ministries.

Each parent/guardian of \_\_\_\_\_ hereby acknowledges  
(Print Student Name)

**that he/she has read, understands, and agrees to the criteria for participation in Catholic school ministry and its extra-curricular activities as stated in this Student Health and Safety Plan.**

Parent/Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date of Signatures \_\_\_\_\_

**Return this signed form to your coach or the athletic office before beginning conditioning or practice.**