

Parent/Guardian

Dear Parents/Guardians,	
This form is giving permission to voluntee RiverWorks Community Development. My child is under the age of 14, and I approve of my child salongside other RiverWorks volunteers.	
We appreciate all your efforts during this constantly changing scenario that we find ourselves in. Minnesota Department of Health is now recommending that certain volunteers wear masks.	
MDH notes that masks do not protect the wearer from COVID19. What they do is act as a "catche mitt" to catch sputum from going out into the environment that could be infectious and, thus, prothose you come in contact with. However, NO system will work if PROPER handwashing is not don faces/masks are being touched, and physical distancing is not followed.	otect
Below is information to better understand the use and protection from cloth masks, and we ask t you follow the recommendations of the CDC in mask wearing and handwashing. The non-medical and cloth made masks offered to you by RiverWorks do not prevent you from contracting COVID-	masks
https://www.cdc.gov/handwashing	
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html	
RiverWorks is doing our best to keep you and those we serve healthy! LBX volunteers who work we preparation and packing of food will be required to wear mask, gloves and an apron.	ith
I understand the above information and understand that cloth masks do not protect me from COV	
I further understand that proper handwashing, avoidance of touching my face and physical distan	ıcıng
is still required to lower the risk of acquiring COVID19. I give permission for my child to volunteer	•
PRINTED NAME:Phone #:Phone #:Parent/Guardian	

SIGNATURE: _____ Date: _____