

# IHM Fish Fry Alcohol Policy



Due to licensing regulations NO ALCOHOL will be consumed during your shifts.

If you show up intoxicated or drink during your shift you will be asked to leave by the event manager and you will be billed \$125 for not fulfilling your shift commitment.

If you would like to have an alcoholic beverage with your meal you may do so under the following guidelines:

1. All customers have been served and no longer need help
2. It is after 7:30pm or your shift has ended

Please remember this is a fundraiser and it directly reflects on the school and parish.  
Thank you for your cooperation.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_



## **INFECTION CONTROL AGREEMENT**

### **Immaculate Heart of Mary School Fish Fry Reporting Agreement for Volunteer Staff**

The purpose of this agreement is to aid in the prevention of the transmission of diseases through food by infected volunteers with an emphasis on illness due to Salmonella Typhi, Shigella spp., Escherichia coli O157:H7, and Hepatitis A Virus. Furthermore, this document should help demonstrate to the regulatory authorities that there is a volunteer health program in place.

I \_\_\_\_\_ AGREE TO REPORT TO THE PERSON IN CHARGE:  
(please print your name)

#### **FUTURE SYMPTOMS and PUSTULAR LESIONS:**

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small)

#### **FUTURE MEDICAL DIAGNOSIS:**

Whenever diagnosed as being ill with typhoid fever (Salmonella Typhi ), shigellosis (Shigella spp.), Escherichia coli 157:H7 infection (E. coli O157:H7), or hepatitis A (hepatitis A virus) or Any other pathogen that can be transmitted through food such as: Salmonella spp. (non-typhoid); Entamoeba histolytica, Campylobacter spp.; Calicivirus; Cryptosporidium spp.; Giardia spp.; Yersinia spp.; Staphylococcus aureus; or Listeria monocytogenes.

I have read (or had explained to me) and understand these requirements concerning my responsibilities under the Food Code and agree to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the event coordinators or the food regulatory authorities that may jeopardize my status as a volunteer and may involve legal action against me.

Volunteer's Printed Name:

\_\_\_\_\_

Volunteer's Signature:

\_\_\_\_\_

Parent or

Guardian's Signature if Volunteer is under 18:

\_\_\_\_\_

Date Signed:

\_\_\_\_\_

This agreement will be kept on file for one year.