

# STUDENT ACTIVITY CONSENT FORM



COVID-19

PANDEMIC

I, \_\_\_\_\_, knowingly and willingly consent to allow my student \_\_\_\_\_ to participate in Lewis County High School Summer Athletic Activities from June 9<sup>th</sup>-July 25<sup>th</sup>.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and can still be highly contagious. I understand that there could be a risk of contracting the virus. \_\_\_\_\_ (**initial here**)

We ask that your student be assessed daily for the following symptoms of COVID-19 listed below: (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms>)

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Symptoms may appear 2-14 days after exposure to the virus.

- Has anyone in your home traveled outside the U.S. in the past 14 days? \_\_\_\_\_
- Has anyone in your home traveled domestically within the U.S. by commercial airline, bus or train within the past 14 days? \_\_\_\_\_
- Has anyone in your home been to any out of state tournaments/competitions in the past 14 days? \_\_\_\_\_

I understand the risk of contracting and transmitting the COVID-19 virus and understand that the CDC, Lewis County Health Department and the Lewis County Board of Education recommend social distancing of at least 6 feet at this time.

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