

COVID-19 STUDENT MONITORING FORM

Parents: In order to keep our student participants and program supervisors as safe as we can from the COVID-19 virus, we ask that you please read and complete the information included on this sheet daily for each student that plans to participate in any activities.

Pre- workout Screening:

- All program supervisors, volunteers and students must be screened for signs/symptoms of COVID-19 prior to participation. Screening includes a temperature check.
- Responses to screening questions for each person will be recorded and kept on file so that there is a record of everyone present in case a student develops COVID-19.
- Any person with positive symptoms reported will not be allowed to take part in the activity and should contact his or her primary care provider or other appropriate health-care professional.
- Vulnerable individuals should not oversee or participate in any summer workouts.

Date _____ Time _____

Name of Participant: _____

Activity _____

Circle **Yes** or **No** to each below.

Fever	Yes	No
Cough	Yes	No
Sore Throat	Yes	No
Shortness of Breath	Yes	No
Close contact, or cared for someone with COVID-19	Yes	No
Temperature	_____	

Due to the highly contagious nature of the current COVID-19 virus outbreak and potentially any other virus that can be contracted from both symptomatic and asymptomatic people, Becker Public Schools assumes no responsibility for the contraction of any illness as a result of your participation in this class or activity. All participants are required to comply with social distancing expectations. Failure to do so could result in removal from the program and the premises. The school will not be responsible for determining whether or not any participant has or does not have COVID-19 or any other illness before, during or after this class or class activity. Anyone having any illness is required to not attend class. It is the school district's recommendation that during the COVID-19 pandemic that the participant consult their doctor before participating and follow the CDC guidelines related to social distancing and wearing personal protective equipment.

Signature of Parent/Guardian: _____ Date _____

***Staff, volunteers or students who show up without this document completed will not be allowed to stay at the program. This will be strictly enforced by program supervisors.**