## ORGANIZATION \_\_\_\_

Name of Student: \_\_\_\_\_\_ Name of Parent/Guardian:

## **CONSENT FOR STUDENT PARTICIPATION AND SCREENING**

(If student is a minor)

The undersigned hereby consents, agrees, and acknowledges as follows:
1. The undersigned acknowledges that the Christian County Public Schools (the "district") has resumed athletic and extracurricular activities for students on a voluntary basis. The undersigned consents to the student's participation in athletic or extracurricular activities.
2. The undersigned states that the student has not in the immediately preceding 14 days (a) tested positive for COVID-19 or (b) exhibited symptoms of COVID-19.
3. The undersigned consents to the daily health screening of the student, which include temperature checks and symptom checks. The undersigned understands and agrees that if the student registers a body temperature of 100.4 Degrees or higher, discloses symptoms of COVID-19, or exhibits symptoms of COVID-19, the student will be isolated and sent home with a parent/guardian or other adult with permission.
4. The undersigned understands and agrees that if the student registers a body temperature of 100.4 Degrees or higher, discloses symptoms of COVID-19, exhibits symptoms of COVID-19, or tests positive for COVID-19, the student may not return to participate in activities of the team or organization until one of the following has subsequently occurred:
a. A written report of a negative test for COVID-19 (taken after the student was sent nome or tested positive) from the testing organization has been produced to the District Athletic Director; or
b. After 17 days have elapsed from being sent home or testing positive for COVID- 19, both of the following documents have been provided to the District Athletic Director:
i. A notarized affidavit signed under oath by the parent/guardian (or adult student) (signed 17 or more days after that student was sent home or tested positive and upon the student's return) stating as follows: (a) that the student has self-isolated for 5 consecutive days immediately prior to his return; (b) that the student has not had a body temperature of 100.4 or higher for 5 consecutive days immediately prior to his return; (c) that the student has not tested positive for COVID-19 during the 14 days immediately prior to his return; and, (d) that the student has not exhibited symptoms of COVID-19 for 5 consecutive days immediately prior to his return; and
ii. A signed written statement from a health care provider (signed at least 7 days after the student was sent home or tested positive) (e.g., M.D., DO, PA, or ARNP) stating as follows: (a) that the health care provider has examined the student; (b) that the student is not exhibiting symptoms of COVID-19: and, (c) that the student does not pose a significant risk of transmission of COVID-19.
<ol> <li>This consent shall remain in full force and effect until it is revoked in writing by the undersigned in writing delivered to the District Athletic Director.</li> </ol>
Dated, this day of, 2020.
OROR Signature of Adult Student
Signature of Adult Student Signature of Adult Student