APPENDIX - B

COVID-19 Awareness
Parent/Student-Athlete Participation Acknowledgement Statements

I ______________________________, the parent/guardian of ______________________, acknowledge that I have received information on all of the following:

- What you should know about COVID-19 to protect yourself and others
- Share facts about COVID-19
- Multisystem Inflammatory Syndrome in Children (MIS-C)

I ______________________________, the parent/guardian of ______________________, will follow the requirements for in-person attendance at any extracurricular athletic and activity event.

- I will not send my child to extracurricular athletic and activities if they are exhibiting any signs/symptoms of COVID 19 or have been exposed to someone with COVID 19 (or presumed to have COVID 19) in the past 14 days.
- I will review symptoms with my child and monitor my child’s symptoms every day that my child attends in-person activities/events.
- If my child becomes ill during any in-person activity/event, I will ensure they are picked up promptly. I will follow-up with an authorized health care provider/health department and comply with recommended quarantine or isolation as directed. If my child is ill, I understand that a release to return to in-person activity from an authorized health care provider will be required.

Signs and Symptoms of COVID-19:

- Fever (100.4°F or greater) 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

Students must be free of fever without the use of fever reducing medications.

Parent/Guardian ___________________________ Parent/Guardian ___________________________
Print Name________________________________ Signature and Date__________________________

Student Athlete ___________________________ Student Athlete ___________________________
Print Name________________________________ Signature and Date__________________________