

SCRC One-Time COVID Screening Form

Before entering a one of SCRC's Youth Programs, we are asking that parents complete this form for each child they are registering. We are also asking that you monitor your child(ren) for any symptoms of COVID or other illnesses and that you not bring them to any Youth Program events or meetings if they display symptoms or are feeling unwell.

Below are the self-screening questions.

1. Is your child's temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you or your child had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Is your child currently experiencing ANY of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you or anyone in your family tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms in my child and will not send them to any event or program if they are displaying symptoms.

Child's Name: _____

Parent's Signature: _____ Date: _____