In order to protect our participants from COVID-19, anyone entering this field must acknowledge if whether or not they have any of the symptoms associated with this virus. If you have any of these symptoms you will not be permitted to participate and it is recommended that you contact your Physician.

****These symptoms include:** ***Fever greater than 100^{o}, Cough, Sore throat, Respiratory illness or Difficulty breathing*****

Date	Time	Print Name	Temperature Upon Arriva	Are you experiencing any COVID-19 symptoms? Fever greater than 100, Cough Sore throat, Respiratory illness or Difficulty breathing	Parent Initials	Screener Initials
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
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