**MCPSS COVID-19 Screening and Parent Consent Form**

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please put an “X” beside the correct answer for each question below:

\_\_\_\_Yes \_\_\_\_No Have you traveled outside of Alabama within last 14 days?

\*If answered yes, please list all locations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Yes \_\_\_\_No Have you had contact with a person with a confirmed case of COVID-19?

\_\_\_\_Yes \_\_\_\_No Have you had contact with a person with a suspected case of COVID-19?

\_\_\_\_Yes \_\_\_\_No Have you had a fever within the last 14 days?

\_\_\_\_Yes \_\_\_\_No Have you had a forceful dry cough or productive cough within the last 14 days?

\_\_\_\_Yes \_\_\_\_No Have you had difficulty breathing or shortness of breath within the last 14 days?

\_\_\_\_Yes \_\_\_\_No Have you had chills or repeated shaking with chills within the last 14 days?

\_\_\_\_Yes \_\_\_\_No Have you had new unexplained muscle pain within the last 14 days?

\_\_\_\_Yes \_\_\_\_No Have you had a new or atypical headache for you within the last 14 days?

\_\_\_\_Yes \_\_\_\_No Have you had nausea, vomiting, or diarrhea within the last 14 days?

\_\_\_\_Yes \_\_\_\_No Have you had a sore throat within the last 14 days?

\_\_\_\_Yes \_\_\_\_No Have you been tested for COVID-19 in the last 14 days?

\_\_\_\_Yes \_\_\_\_No Have you had a recent sudden loss of taste or smell?

\_\_\_\_Yes \_\_\_\_No Have any pre-existing or underlying health conditions?

\_\_\_\_Yes \_\_\_\_No Have you had a fever of 100.4 or greater over the last 14 days?

Student-Athlete Responsibilities:

* Provide my own face-covering, water bottles, towels, gloves, and etc.
* I will follow all rules, guidelines, and procedures by the school regarding COVID-19. (physical distancing)
* I will wear a face-covering if I can’t maintain my 6ft physical distance or in common areas.
* I will stay home and notify my coach if you have any symptoms of COVID-19
* I will sanitize my hands upon entering school facilities.
* I will try not to touch my face, eyes, or nose with my hands without sanitizing.
* Sign up for Dragonfly. AHSAA new eligibility platform.
* Forms to have be completed prior to coming on campus:
  + Current AHSAA pre-participation physical
  + 20-21 AHSAA concussion release form
  + 20-21 AHSAA consent release form
  + 20-21 MCPSS insurance and consent form

Parent/Guardian Responsibilities:

* Have my child stay home if they are sick or showing any symptoms of COVID-19.
* I will contact the coach if my child is sick or showing symptoms of COVID-19.
* I will follow all guidelines, policies, and procedures by the school regarding COVID-19.
* I will sign up for Dragonfly. AHSAA new eligibility platform.
* I will make sure my son/daughter has all updated forms completed before coming on campus.
* I will attend or watch a video regarding the school(s) policies for COVID-19.

Responsibility of the school:

* Please refer to the school athletic plan for COVID-19.

Consent Agreement:

***This is an agreement that the student-athlete and parent/guardian understand all the rules, guidelines, and procedures by the school regarding COVID-19. As a parent/guardian, I confirm that I have attended or watched a video regarding the local school athletic COVID-19 plan. The Alabama High School Athletic Association and the Alabama State Department of Education has allowed schools to reopen for student-athletes to begin summer workouts. The local school plan should be reviewed and agreed upon prior to your student-athlete coming on campus. Furthermore, the parent/guardian agrees to any school response deemed necessary in order to protect the safety of all student-athletes and staff members. Also, the parent/guardian agrees to provide accurate information and to notify the coach if the student-athlete comes in contact, has symptoms, or may have come in contact with anyone infected with COVID-19. Transparency and communication will be extremely important during this time.***

By signing below, I/We agree to all of the above information, and I/We are in agreement of the local school COVID-19 plan.

Print Student-Athlete Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student-Athlete Signaure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Advice given based on the above responses: (to be completed by coach and/or local athletic director)***

\_\_\_\_\_\_\_Clear \_\_\_\_\_\_\_Not Clear

Updated May 2020