Summer Youth Programs
Participant Screening

PARENTS, PLEASE READ EACH QUESTION CAREFULLY

Questions #1: Has your child experienced any of the following symptoms in the past 48 hours?
• fever of 100.4 degrees 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

Question #2: Has your child tested positive for COVID-19 in the past 10 days?

Question #3: Is your child currently waiting for a COVID-19 test result?

Question #4: Has your child been in contact with someone who is suspected (i.e. undergoing or considering testing) to have been infected with COVID-19 or who has been around someone who has tested positive for the virus in the last 14 days?

Question #5: Has your child been advised to quarantine/isolate by a medical provider or health department?

If you responded YES to ANY of the questions above:
STOP
Based on your responses your child may not enter this program.

If you responded NO to ALL of the questions above:
GO
Your child may enter the program. Be sure that your child:
• wears a mask at all times,
• practices physical distancing, and
• lets a staff member know immediately if he/she become sick

Parents, by signing your child in to this program you are attesting that the above information is true to the best of your knowledge.