*****Updated 5/26/2021*

**Health Pre-Screening Form**

COVID-19 is an extremely contagious virus that spreads easily in the community. To limit potential exposure for girls, volunteers, and families, please complete a pre-screening form, beginning 10 days prior to Girl Scout activities.

**Participant Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Troop/Group**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check and record the participant’s temperature and symptoms daily and fill in the record below.
*If a temperature measures above 100.4° F or symptoms are present, please have the participant evaluated by a licensed provider prior to participation.*

**Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Symptoms**

**Temperature Log**

Day 10 \_\_\_\_\_ Day 5 \_\_\_\_\_

Day 9 \_\_\_\_\_ Day 4 \_\_\_\_\_

Day 8 \_\_\_\_\_ Day 3\_\_\_\_\_

Day 7 \_\_\_\_\_ Day 2 \_\_\_\_\_

Day 6 \_\_\_\_\_ Day 1 \_\_\_\_\_

* Cough
* Shortness of breath or difficulty breathing
* Fever
* Chills
* Muscle pain
* Sore throat
* New loss of taste or smell
* Nausea
* Vomiting
* Diarrhea

**Please initial**\_\_\_\_\_ Participant has not exhibited a temperature over 100.4° or experienced three or more symptoms of COVID-19 in the last 10 days.

\_\_\_\_\_ Participant has not been exposed to anyone with symptoms or a diagnosis of COVID-19 in the last
10 days.

By signing this form, I agree that the information I have provided is complete and accurate to the best of my knowledge. **I understand that this process is a vital part of maintaining the health and safety of all participants.**

Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Participants ages 17 years or younger)*

**Complete liability release waiver on other side.**

*****Updated 5/25/2021*

**COVID-19 Liability Release Waiver**

COVID-19 is an extremely contagious virus that spreads easily in the community. In consideration of my participation in the foregoing, I acknowledge and agree to the following:

In consideration of my participation in the foregoing, I acknowledge and agree to the following:

 I acknowledge the contagious nature of Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing measures.

 I acknowledge that Girl Scouts of Eastern Iowa and Western Illinois have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

 I acknowledge that Girl Scouts of Eastern Iowa and Western Illinois cannot guarantee that I will not become infected with the Coronavirus/COVID-19.

 I understand the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others.

 I have not been diagnosed to be infected of Coronavirus/COVID-19 virus within the last 30 days.

**Following the pronouncements above I hereby declare the following:**

I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be in any case at risk of contracting Coronavirus/COVID-19.

With full knowledge of the risks involved, I hereby release, waive and discharge Girl Scouts of Eastern Iowa & Western Illinois, its board, officers, independent contractors, affiliates, employees, representatives and/or successors from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me or any person(s) I interact with related to Coronavirus/COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to Coronavirus/COVID-19.

I agree to indemnify, defend, and hold harmless Girl Scouts of Eastern Iowa & Western Illinois from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to Coronavirus/COVID-19.

By signing below I am agreeing that I have carefully read and agree to all of the sections above. I am also verifying that the information listed on the pre-screening form (0ther side) is complete and accurate to the best of my knowledge. This waiver will remain effective until laws and mandates relevant to Coronavirus/COVID-19 are lifted.

Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Participants ages 17 years or younger)*

**Complete pre-screening form on other side.**